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An Address.[1]

BY ANDREW DAVIDSON, M.D. (Aberdeen),
Retiring President of the New South Wales Branch of the British Medical Association.

MY term of office as President of the Association is about to expire, but before work is actually completed, according to the usual practice I have to inflict on you the customary Presidential address.

During the last twelve months no events of a startling character have occurred. As far as our relations with the non-medical world are concerned, everything has gone smoothly. However, there is a black side to every question. Death has been unkind and removed from our midst, among others, two notable men. Professor John Hunter was taken away in his early youth, a man whose future seemed to be surrounded with many useful deeds helpful towards the study of medicine, more especially towards the instilling of the alphabet of his profession into the mind of the young medical student. Then Dr. Sydney Jamieson, a member of our Council for some twenty years, has passed away and left to all of us memories of many useful thoughts and actions, a personality difficult to replace.

[1] Delivered at the Annual Meeting of the New South Wales Branch of the British Medical Association on March 26, 1925.

During the year, though not yet actually come into being, the Australasian Medical Publishing Company is about to establish a popular medical magazine. The idea is new to this side of the equator; the necessity exists and the publication will provide a new means of intercourse between the public and the medical profession. May every good fortune attend the venture!

A president very often during his tenure of office takes advantage of his position to urge his colleagues to give their permission to put in action any theories which he may have elaborated. So far I have not made any attempt to do so, but tonight I wish to lay before you what I feel should be done to improve the conditions associated with a branch of medicine which has been my life's work.

Treatment in General Hospitals of Mental Disease in its Early Stages.

For many years it has been my wish to see mental patients at an early stage treated in general hospitals. In 1908 I read a paper before the Sydney University Medical Society and therein stated that:

> The management of early stages of mental disease is one of the greatest public importance. One hopes that Sydney, though it now has a small hospital in a special ward at the Reception House, will do still more and establish wards with an out-door department at the Royal Prince Alfred Hospital. If this were done it

would be a benefit to the medical student, who would then not only be taught by lectures, but would have ample opportunities for examining patients and for watching daily the effects of treatment.

Unfortunately general hospitals have declined to associate themselves with such treatment and it has been left to the Mental Hospitals Department to advance. I have seen plans proposed for additions to the Royal Prince Alfred and Sydney Hospitals with a ward for mental patients, but beyond the plan nothing further has developed. The space of ground between the University and the Royal Prince Alfred Hospital would have served for the purpose one desired, but nothing was done from a general point of view and this area is more or less occupied now-a-days by various buildings. Dr. Sinclair in his annual report for 1905 first publicly advocated that the general hospitals should provide accommodation in their ordinary wards for recent acute and curable patients. It was stated that the department was taking steps to provide admission hospitals at Callan Park and Gladesville and a ward at Darlinghurst for uncertified patients, but he did not consider that these would be sufficient to replace general hospital treatment which had several advantages over anything a specialized department could provide. The ward at Darlinghurst was opened in 1908, with accommodation for twenty male patients and continued in operation till replaced by a larger institution known as the Psychiatric Clinic, Broughton Hall. This ward at Darlinghurst was the first institution in New South Wales to deal with uncertified patients who submitted themselves voluntarily for treatment. Its avowed object was to demonstrate to the general hospitals the practicability of the scheme and it was run entirely by a female nursing staff, though male patients only were provided for. During its existence on the average about one hundred and twenty patients were treated each year. Soon after the establishment of this hospital arrangements were made at Callan Park Mental Hospital for the reception of new patients in cottages which had up till then been used for the treatment of semi-private patients. Gladesville, Parramatta and Kenmore also adopted the same principle, the two former building a special series of wards for this purpose. These admission hospitals which are still in operation, at first dealt only with certified patients, but they now also receive a proportion of voluntary patients who were first admitted in the year 1915. On February 28, 1925, there were actually two hundred and sixty-seven such patients in residence throughout the various mental hospitals.

The establishment of Broughton Hall Clinic was a further extension of the voluntary system and it provides for both male and female patients. It was established in the first instance for military patients, but in 1921 the necessity for so using it ceased and it was therefore utilized for its present purpose. It is under the guiding hands of Sir John Macpherson and Dr. Jones, whose excellent work has been greatly admired. The type of disease from which patients are suffering, is somewhat similar to that in the mental hospitals, except that the percentage of those having melancholia is much higher than that of those having mania. Broughton Hall also admits patients suffering from neurasthenia and hysteria, who comprise about one third of the admissions. During the twelve months from July 1, 1923, to June 30, 1924, three hundred and sixty-seven patients were under treatment, of whom one hundred and twenty were discharged recovered, sixty were discharged relieved, seventy were discharged not improved and seven died, one hundred and eight remaining in the clinic. Dr. Jones informs me that in view of the increasing admission rate it seems likely that they will be unable to provide accommodation for those diagnosed as suffering from neurasthenia and hysteria.

So far the general hospitals have taken no steps towards providing beds for the treatment of patients, but an out-door department has been established at the Royal Prince Alfred Hospital under the supervision of the Professor of Psychiatry. Dr. Sinclair in his annual report states that at present no beds are available at this hospital, but that the clinic at Broughton Hall is able to a large extent to meet this want. I feel that though this may be satisfactory from the patients' point of view, yet Broughton Hall is so far away from the Medical School that the medical student is deprived of the opportunity of following up such treatment as he readily could do at the Royal Prince Alfred Hospital.

From the general practitioners' point of view I cannot but insist on the necessity for the establishment, attached to a general hospital, of some such complete method as we are referring to, so that the man who is taking up general work, may be able to see while passing through his hospital experience the conditions as he will actually meet them in his general practice.

You will appreciate that so far the improvements in the care and treatment of early mental cases have been carried out by the Department of Mental Hospitals. However, this Department is still controlled by the *Lunacy Act* of 1898 and therefore, as far as voluntary patients are concerned, it acts beyond its limits. Improvements in the *Mental Hospitals Act* will, therefore, before long have to be placed before Parliament. In the last report of the Department it is stated:

The present *Lunacy Act* consolidating the previous legislation on the subject was passed in 1898, but it was not long before it became apparent that some amendment was necessary. Accordingly in May, 1902, as a result of consultation between the Master in Lunacy and the Inspector General of Mental Hospitals, a joint letter was forwarded making representations as to the necessity for amendment, and suggested amendments that should be effected. Since then the matter has continuously been brought under notice, both in the annual reports and in letters to the responsible Minister. The advance that has been made in lunacy matters since the original amendments were suggested has necessitated more than one revision of the draft bill and a bill is now with the Minister which will include provision for the adoption of the most recent advance in the treatment and

general dealing with mental patients. The present draft bill seeks to make provision for persons suffering from mental diseases in accordance with the degree of restraint required for their care. The present act only contemplates the treatment of persons in the mental hospitals who are certifiable as insane, and no specific provision is made for those in the incipient stages of the disease. The provision for this class of patient is, however, the outstanding feature of the amending bill, whereby facilities will be afforded for treatment of those who are in the first stages of mental derangement and do not require to be forcibly detained, as is the case in most cases where the disease has progressed to the stage when the patient is certifiable and not able himself to recognize the need for medical treatment. The amending bill seeks to divide persons suffering from mental disease into three classes according to the degree of restraint required for their care, *id est*:

(*a*) Patients who are amenable to treatment without powers of detention being required as a necessary condition of their admission and who will be dealt with in a general hospital, either in the ordinary ward or a special ward.

(*b*) Patients who will be subject to voluntary detention where the exercise of the same is in the patients' interest. These patients would be treated in a special hospital, such as Broughton Hall.

(*c*) Patients who from the nature of their complaint require compulsory detention, either for their own protection or for that of the public, and who will continue to be provided for in the ordinary mental hospitals.

The suggested new provisions of the lunacy bill would, however, render easier the admission to hospital of patients suffering from mental diseases in the early stages; and the fact of their being treated as ordinary sick persons in ordinary public hospitals would no doubt be the means of many seeking help at a time when their disease was more amenable. At the present time, however, owing to treatment not being afforded until the patient is certifiable, many forms of mental disease which might otherwise have been cured have reached the unrecoverable stage. No relaxation, however, is sought in the stringency of the arrangements for safeguarding unrecovered patients, as the provisions at present in force in the *Lunacy Act* in this regard are necessary in the public interest as well as that of the patients.

While speaking of these proposed amendments of the act I would like in passing to refer to another group of patients, the mental defectives. In August, 1911, the editor of *Australasian Medical Gazette*, commenting on a paper I had recently read, on "the control of feeble-minded children" wrote:

As the children can never take their proper place in society, must always be more or less of a burden, restraint over them should not cease in adult life, but legal provision should be made to control in suitable colonies. Much can be done for these persons by early, judicious and sympathetic teaching. In this way their lives may be brightened and a happy existence passed, while the State reaps the benefit in economic management and a lessening of crime and ill-advised maternity.

Dr. Sinclair states that a special bill to deal effectively with this subject was prepared some years ago.

There are two main classes to be provided for, *videlicet*:

1. Those of school age or likely to benefit by instruction in special schools to be established,
2. Those not likely to be so benefited; adolescents and adults.

The bill provides that mental defectives of the first class would come under the supervision of the Education Department, while those in the second class would be provided for by the Inspector General of Mental Hospitals.

In the interests of the unfortunate mental defectives themselves and of the integrity of the mental and physical standard of the race, it is recommended that legislative provision should be made to deal with this question. It is noted that there is a growing public opinion on this question which sooner or later will insist on a measure of this description being passed into law.

What has been done and what is proposed to be done by the Mental Hospitals Department we greatly appreciate. At the same time I deplore that general hospitals have not moved with the times and that all that has been done at present is the establishment of the out-door department at the Royal Prince Alfred Hospital.

Some fourteen or fifteen years ago Sydney Hospital was approached with regard to the provision of a department for mental patients. The matter was referred to the Medical Board, but did not obtain its support.

St. Vincent's Hospital established such a clinic, an outdoor department and beds being provided. This appointment I held for some years and it proved most successful.

I am afraid that the suggestion referred to in the early part of this address with regard to a special hospital for nervous and mental diseases to be situated between the Royal Prince Alfred Hospital and the Medical School of the University cannot now take place, the ground having been built on. I trust that at each of the teaching hospitals, the Royal Prince Alfred and the Sydney, a department for the treatment of mental patients with some twenty to thirty beds and an out-door department will soon be established.

In the United States of America we find examples of what I have just hoped for. At Albany Hospital a department has existed for some years and done excellent work. Dr. Mosher who is in charge, was good enough to contribute a paper to the Medical Congress in Sydney in 1911 descriptive of the working and of the good results obtained. This paper was published with illustrations in the Congress Proceedings and is still worth reading.

In the Henry Phipps Psychiatric Clinic attached to the Johns Hopkins University will be found a still more elaborate means of dealing with the subject we have under discussion. Its establishment was due to the generosity of the man whose name, Henry Phipps, is attached to the clinic and who left money which endowed the establishment.

May I therefore hope that some such individual as Henry Phipps will treat Sydney in the same generous spirit, but that in the meantime Sydney may have arrangements made for the indoor and outdoor treatment of early mental patients. I ask this not only from the patients' point of view but from the students', who at present are deprived of the opportunity of becoming familiar with the early signs of insanity and of thus appreciating that disease of the mind is as much their province as is disease of the rest of the body.

THE TREATMENT OF MENORRHAGIA BY RADIUM.[1]

By Rupert Magarey, M.B., B.S. (Adelaide),
Honorary Assistant Gynæcologist, The Adelaide Hospital, Adelaide.

The treatment of menorrhagia in general is too large a subject for me to deal with in the time at my disposal to-night, and I do not intend to write an exhaustive treatize on it. But I have been perplexed for years by the disappointing results I met with when following the usual methods of treatment. My excuse for bringing these cases before you to-night is twofold; firstly, because my perplexity has been considerably ameliorated by the adoption of radium treatment and, secondly, because I find in conversation with my medical friends that a goodly number of them are not conversant with the possibilities of such treatment.

The form of menorrhagia to which I wish more particularly to draw attention, is that form which is apparently not caused by any pathological condition discoverable on the most careful gynæcological examination. I refer to those cases of menorrhagia often seen in young girls, almost equally frequently in middle-aged *nulliparæ*, sometimes in married women, which for want of a better name we term idiopathic. Some of these patients are made chronic invalids as a result of their tremendous periodic loss of blood and, short of the performance of hysterectomy, treatment appears to be futile. Attention, of course, has been paid to the treatment of their general condition; the many and various drugs recommended have been given; endocrine therapy has had an extensive trial and surgery has been used. As for surgery, I believe curetting to be useless where there is no pathological condition found. Over and over again patients come to the out-patient department with a history of repeated curettings and they still lose blood excessively. In desperation hysterectomy has to be resorted to or some such mutilating operation as the removal of a V-shaped piece of the uterine body from fundus to cervix.

Some four years ago I was so baffled by my failure to cope with some of these cases that I decided to try radium which was then being largely discussed. I have been using a parcel of twenty milligrammes of radium bromide arranged in a sealed metal tube very much like a 0.303 rifle bullet. This fits nicely into a number nine soft rubber catheter and it is in this way that I introduce it into the uterine cavity. The patient is anæsthetized, the cervix dilated and a curetting done for diagnostic purposes if thought advisable. Then I put on a pair of rubber gloves and under strictly aseptic precautions the radium tube is stitched into the end of the rubber catheter. It must be borne in mind that this is to remain in the cavity of the uterus for anything up to forty-eight hours. This is then inserted into the cavity of the uterus, the end of the catheter cut off about five centimetres (two inches) below the cervix and the vagina packed tightly with gauze. My cases, some twenty in all, fall naturally under four headings. I shall briefly describe one case of each type.

[1] Read at a meeting of the South Australian Branch of the British Medical Association on February 26, 1925.

Clinical Types of Menorrhagia.

Type I.

Cases of Type I. are exemplified by the young, unmarried girl without pathological conditions in her pelvis.

D.F., aged fifteen and a half years, began to menstruate at thirteen and a half and for a few months her periods were regular in time and not excessive in quantity. But gradually her menses had increased until two years later her periods came on every twenty-one days and lasted ten days and she lost alarmingly, passing large clots and frequently fainting from pure loss of blood. She had been treated for eighteen months during which time I had tried all the therapeutic agents recommended in the literature. The only one which gave any relief, was "Pituitrin" given hypodermically every day while the hæmorrhage continued. She became, not unnaturally, a physical wreck and could hardly drag herself about.

She was examined under ether anæsthesia and I have seldom examined a more normal pelvis. There was no suggestion of a cervical polypus, her uterus was of normal size, the sound could be passed inwards 5.6 centimetres (two and a quarter inches). The uterus was in normal position and the adnexæ were normal. The cervix was dilated and the endometrium was curetted without any fresh discovery being made, not even a thickened endometrium was found. I inserted radium for twenty hours, that is, I gave her a dose of two hundred and twenty milligramme hours.

Her subsequent history is interesting and is as follows:

She was out of bed in ten days and out of hospital in fourteen. For the next six weeks she had a slight white discharge and then her period came on and she menstruated slightly for four days. She then had an interval of eight weeks during which time I feared I had overdone it, but then she had a light period lasting five days and four weeks later she had a heavy menstruation lasting four days. A month later she had an average menstruation for four days and since then she has not had a day's anxiety about her periods, for she now menstruates regularly for four days every twenty-eight days and has done so for four and a half years. She is now a fine healthy girl, full of life and energy.

If anyone should argue that the curetting alone would have produced this result, he is welcome to his argument. Should he say that this girl is probably sterile I cannot refute him for she is still single, but it seems to me rational to presume that a healthy girl of twenty who has menstruated normally and naturally for over four years is as likely to conceive as any other. She is certainly more of a marriageable woman than she would have been had a hysterectomy been done, a quite conceivable possibility.

The argument for sterility depends on the theory that the radium rays destroy the oophoronic cells and so normal ova are not produced. Surely, if radium in the uterine cavity for twenty hours is to produce such a definite effect on the ovaries, it would have an infinitely greater destructive effect on the tissue immediately surrounding it, namely, the uterine mucosa. That it had some effect is evidenced by her change of habit in time and quantity, but that it had a great enough effect

to prevent conception I cannot believe. Else why the normal menstruation?

Type II.

Cases of Type II. are exemplified by the middle-aged women with no pelvic abnormality, but a high blood pressure (uterine insufficiency).

Miss S., aged forty, was a patient of Dr. Hone. She complained of severe headaches, sleeplessness and general malaise. She had a blood pressure which varied between 170 and 200 millimetres of mercury. For some months she had had a gradually increasing menorrhagia, the periods becoming both more frequent and more profuse. For a while Dr. Hone was loth to interfere with this periodic loss, as he regarded it rather as a safety valve for her high blood pressure, but she began to look so bloodless and pulled down that he decided that something should be done. Moreover, one had to consider the possibility of malignant disease of the endometrium. She was examined under ether anæsthesia and no abnormality was found; the uterus was dilated and curetted for diagnostic purposes. The scrapings were reported by the pathologist as non-malignant. Radium was inserted into the uterus for thirty hours, that is, she had a dose of three hundred and fifty milligramme hours.

One week later she had a normal twelve day period, with slightly less loss than previously; three weeks later she had hæmorrhage for one day and since then she has had no periods at all. The radium produced an artificial menopause which was desirable at her age. It is interesting to note that the blood pressure, so Dr. Hone informs me, has remained at 170 to 200 millimetres of mercury.

This case was evidently one of the so-called *fibrosis uteri* and I have frequently seen such so baffle treatment that a hysterectomy has had to be performed. Her menopause is now three and a half years old and I think it a fair assumption that she will require no further gynæcological treatment.

Type III.

Cases of Type III. are exemplified by the *multipara* at or about the menopause with a uniformly enlarged uterus (gland hypertrophy).

Mrs. M., aged forty-seven, three *para*, whose youngest child was eleven years old, was sent to me by Dr. W. T. Hayward with the request that I should do something short of a major operation for her menorrhagia. She had already had two abdominal operations for gall stones and appendicitis and refused point blank to consider undergoing another. Her periodicity was normally three weekly, lasting five days, but during the last six months she had had three very severe floodings lasting for ten or twelve days and the last, one should judge, had practically exsanguinated her, as a medical man had to be got from twenty miles away and he was afraid to leave her for twenty-four hours because of her condition. There had been no suggestion of abortion at any one of these attacks and her periods were regular between them. She was rather of the myxœdemic type; in fact Dr. Hayward had treated her with thyreoid for some time, but without effect on her menorrhagia. Pelvic examination revealed a large, heavy cervix which was not lacerated nor eroded and a uterus the size of a two months pregnancy uniformly enlarged and rather retroverted, but with no definable fibroid. The sound could be introduced for ten centimetres (four inches). As a menopause was obviously a condition to be desired, I left the radium tube in her uterus for forty-eight hours, that is, she had a dose of about five hundred and fifty milligramme hours. She has had no menstruation at all since then, two and a half years ago, and she is so pleased with herself that she rang up my nurse recently to ask whether I could cure one of her friends with radium. The friend had gall stones.

Type IV.

Type IV. includes patients with a cardiac or other abnormality contra-indicating major surgery.

Mrs. D., aged forty-seven years, had gradually increasing menorrhagia for eighteen months until at the time I saw her in consultation with Dr. Jeffries, she was bleeding for twelve days every three weeks. On examination she had a uterus the size of a three months pregnancy with a definite fibroid in its posterior wall.

Dr. Jeffries had seen her suffering from a typical heart attack which had alarmed him, and during our examination of her she suddenly became faint, her pulse became extremely small and thready and rapid and she looked ill.

I have a note to the effect that there was a reduplication of the first sound at the apex which was apparently the only cardiac abnormality we could find, but the impression left with me is that it was hazardous to operate on her and neither Dr. Jeffries nor I would have cared to submit her to a major operation. She had a definite trace of albumin in her urine. It appeared that her excessive bleeding was affecting her general condition and so she was given five hundred and fifty milligramme hours of radium. She left the hospital in a fortnight and Dr. Jeffries has told me that she has not menstruated since and is in consequence much improved in health.

Conclusions.

All the patients that I have treated with radium fall under one of these headings. And the conclusions that I think one may legitimately draw from them are:

(i.) That it is easy to produce an artificial menopause when desirable.

(ii.) That the risk of producing malignant disease by radium is negligible.

(iii.) That a certain amount of judgement and of discretion as to dosage is necessary in the treatment of the younger type of patient, lest one should produce oligo-menorrhœa. The post-treatment behaviour of the first patient cited gave me considerable anxiety for the first three months and since then I have reduced the dosage in these cases. I have up to date had no untoward result.

(iv.) That the risk of sterility is, to say the least, unproven.

With reference to the question of sterility I may add that in *Surgery Gynecology and Obstetrics*, August, 1924, Frank A. Pemberton, of Boston, wrote an interesting paper reviewing cases reported in various clinics, mostly German, and analysing Dr. W. P. Graves's (Chicago) cases of twenty-five married women whose average age was thirty-four. He concludes thus:

> It is evident that a patient can be treated with radium (intra-uterine) and bear normal children subsequently. We have no data on whether or not such treatment decreases the chance of becoming pregnant. It is probably true that deformed or undeveloped children are not likely to follow such treatment. A damaged ovum is not capable of being fertilised or, if it is, it probably results in a blighted ovum which comes away by miscarriage. It does seem that the chance of miscarriage is greater than in untreated women.

These patients were practically all treated over two years ago. The enforced idle interval has enabled me to view them in their true perspective and has demonstrated more clearly their ultimate

result. And the interim has only enhanced my previous opinion that in acquiring a comparatively small amount of radium arranged for intra-uterine use I have added to my gynæcological therapeutics an agent of very considerable value which can be used with very slight inconvenience to the patient and great satisfaction to both patient and surgeon.

ABSENT FRIENDS.[1]

By A. Norman McArthur, M.B., B.S. (Melbourne), M.R.C.S. (England), L.R.C.P. (London),
Senior Gynæcological Surgeon to In-Patients, Saint Vincent's Hospital, Melbourne.

It is quite an extraordinary thing that while Australia is looking for a white Australia and trying to keep Australia for Australians, there are so many alien races who compete with medical practitioners as herbalists, osteopaths and quacks generally.

Take for instance the Chinamen who are allowed to practise as Chinese herbalists. So many of them we see in Fitzroy surrounding one of our metropolitan hospitals. These men, ignorant of physiology, anatomy, pathology, with no training at all, attend the sick and imaginary sick dispensing their nostra and making big incomes in what I may say emphatically is fraudulent misrepresentation. One man from a provincial town visits the metropolis and travels all over Victoria and makes a bigger income than any surgeon or physician. The only stock in trade is a knowledge of human nature and a knowledge of the gullibility of the public. The pickpocket has that same knowledge well developed.

The ordinary householder abhors Chinese cabinet-made goods. Though the workers are dexterous, the goods are cheap and nasty and gimcrack. Yet a section of the public will readily seek advice from a Chinese herbalist with the same education only as his brother cabinet-maker. The patient carries with him in most cases a far more intricate piece of mechanism, his own body, than a chest of drawers and permits the unskilled labourer to see how much damage he can do to his inner mechanism. The Chinaman is a wily individual still and will always by placing your hand on a red cushion and feeling your wrist (not your pulse), tell you exactly what ailment you have and that without symptoms of any kind; then he proceeds to tell you first, as near as one can follow, that the blood after being threatened badly by the kidneys gets ambushed so to speak in the liver and clots and clogs up the liver until the Chinese herbs will shift it. If it is a woman, without ascertaining the presence of complaint, he usually adds that she has a loose kidney and a displaced womb. After he has received sixty guineas of the patient's fees, that is usually the limit of the "hold up," he says the womb is in the right position and the kidney is not now movable and if you do not like to believe him, pray examine and you will find it now normal.

The osteopath is little better, but he is a more decent fraud. He has a smattering of knowledge of the anatomy of the bones, but that is all. He generally comes from America. Every illness is attributed to adhesions about joints and adhesions incidentally to nerves about the joint. The most popular joint is between the axis and the atlas because it is the deepest in and hardest to get at to prove that the osteopath is in error. But he is a wonderful "hold up" and takes back to America to live in great luxury the proceeds of much of Victoria's hard-earned wages. The more scientific our profession becomes, the bigger is the field for quacks.

A carpenter passing Watson's read a window advertisement that violet rays were good for rheumatoid arthritis. Some of his friends were so afflicted. He bought an outfit for ten guineas, advertised well and with no further education he treats all and sundry with the "blue rays" and makes thousands a year.

Is it right?

The "electron reaction" treatment to my mind was the most fantastic fraud presented to a community. Imagine a blood film on a slide! A medium electric vibration produced from blood film to medium, the medium being palpated by the operator until a dull spot is palpated; that is then defined as the seat of the trouble in the owner of the blood film who may be thousands of miles away. The inventor did not understand electron waves; nobody did and much was made of this to shroud it in scientific mystery. Millions of people journeyed from far and wide for advice and for this treatment. These individuals are no more entitled to take the public's money than the man who enacts the confidence trick, the three-card trick or the finding of the elusive pea. Yet they are allowed to stay, to ply their noxious trade and, if we, the scientists, step in and try to save the public, we are told that we are jealous.

We are a peculiar people always making laws to protect the public from being robbed. Street betting, "two up," "crown and anchor," the three-card trick and so on are carefully guarded against by stringent laws. On the other hand, every year more and more laws are enacted to improve the health of the people. Notice what has been done for pure food, baby clinics, prematernity, venereal diseases clinics, all to help the public to attain a higher degree of health and strength. Yet never is anything done to eradicate quackery to save the public from a gross fraudulent misrepresentation. In many cases it is a danger and menace to health and saps the pocket and strength of the victims. In these enlightened years is this sort of thing to be allowed to go on?

Perhaps Hamlet's pessimism encouraged this condition of affairs when he said:

> Diseases desperate grown
> By desperate appliances are relieved
> Or not at all.

The lay press has taken a great deal of harmful interest in medical matters. There was quite a lot

[1] Being an address delivered on retiring from the Presidential Chair of the Melbourne Medical Association.

in the lay press about Metchnikoff's lactic acid theory or treatment of toxæmia of the large bowel. It was an extremely good treatment, but had distinct limitations. The lay press wrote it up so well that the public thought it a cure-all and the treatment was ultimately killed by abuse. In every newspaper, in every magazine there were wonderful details of "twilight sleep." Medical men against their conscience were forced to act by the mothers who had read every possible article in the lay press. Again the Erlangen method of deep X-ray treatment of cancer raised the hopes of many a patient with malignant disease, hopes often doomed to desperate disappointment.

The lay press with its scream on monkey gland nearly killed many of the ancient ones with over anxiety awaiting treatment. "Insulin" treatment handled by the lay press indicated one injection and the sugar disappeared for ever and no further dietetic treatment required. The lay press can never be moderate about anything medical. Where the lay press has done so much harm and has caused heart-rending disappointment is in the unbalanced statements. It is the screech of the hysterical that lauds the last discovery in medical science without balancing in sober thought all that may be claimed. Once long ago I suggested to a representative of the daily press a campaign that could be organized against the quack. The representative told me seriously that the campaign would be doomed to failure as the quack supplied a large and most regular supply of advertisements which the press could not afford to lose.

Let me advise also that the profession itself should clean its Augean stables. The profession is over-crowded. Many step into medicine from purely a commercial spirit to make what they can out of it quickly and get out. Surgery looks best to these young men commercially and with no hospital experience they plunge into surgery without pathological support, but surgery on normal organs (it is easier) until they have blazed a broad trail of morbidity easily traced by occasional finger-posts of mortality that should never have been there.

I am sorry to say there is an increasing number of men yearly creeping into the profession whose scruples, if any, are merely microscopic. You would be surprised to know of the fearful operative diagnosis made on some patients who have appealed to me for advice and who have proved to be absolutely normal. These are the men who send their specimens to the pathologist for endorsement. If the pathologist does not find what the surgeon desires he should, that is the last the pathologist will get from him. I regret, but am not afraid to say, that some men's work is so near to quackery that it is only separated by a thin parchment-like line of diplomas. We must, therefore, unite to protect the fair name of the medical and surgical profession.

Clean up its ethics, educate and protect the public, so that it will get the best! There is room for all, but there is no room for the general specialist who considers he is capable of doing all the most daring and delicate operations done by the various specialists. When a young man with no hospital experience goes into the country, does every operation imaginable, on goîtres, on the middle ear, gastric and gynæcological operations and then retires in four years having made sufficient money, he is no use to the profession. He was there purely and solely for commercial purposes. The public should be saved from the exploitation by the young man with no surgical experience. Some such lines as the surgeons have adopted in America may help to clean up the Augean stables. American senior surgeons have recognized this and have established the American College of Surgeons to which membership is exclusive. To be elected necessitates the very highest ideals in surgery.

The influence of such a college is far reaching as regards the practitioner and informative as regards the public.

British surgeons are far too conservative to organize as a corporate body. If we here do not desire to incorporate ourselves with the American College of Surgeons, it behoves us to do something on similar lines to protect and educate the public and incidentally the reputation of surgery generally.

Lubbock tells us in "The Use of Life":

> We advocate education not merely to make the man the better workman, but the workman the better man.

INTESTINAL SARCOMA.

By Eric M. Fisher, M.B., Ch.M. (Sydney),

Honorary Assistant Surgeon, The Royal Prince Alfred Hospital, Camperdown, Sydney; Demonstrator in Anatomy, The University of Sydney.

The occurrence of a case of primary intestinal sarcoma with several interesting features at the Royal Prince Alfred Hospital led to a search of the hospital records to find other similar cases. In the last fifteen years five cases of sarcoma have occurred in 265 instances of malignant disease of the large and small intestine excluding the rectum. Among 182 cases of malignant disease of the rectum and anus there were no cases of sarcoma. Sarcoma of the stomach has not been included in this review.

Rankin and Crager[1] quoting a series of autopsies made at Prague say: "With the exception of the rectum the large bowel is rarely invaded." In the Royal Prince Alfred Hospital series there were no sarcomata in the rectum and one in the descending colon. The other four all occurred in the small intestine, three in the ileum; the position of the fourth is not stated. This agrees with the order of frequency given by Rankin, namely, ileum, jejunum, ileo-caecal valve, duodeno-jejunal angle, rectum, sigmoid, caecum, hepatic flexure, transverse colon and splenic flexure.

All types of sarcoma have been found in the intestine, but the commonest type of growth is the lympho-sarcoma[2] beginning in the submucous lymphatic tissue and tending to spread longitudin-

ally. It early invades the muscle layer and allows dilatation of the lumen in contrast to the malignant stricture caused by bowel carcinomata. The peritoneal surface of the mucosa over the tumour may both remain intact, but according to Keen[3] ulceration or perforation into the peritoneal cavity or into an adherent coil of bowel commonly occurs.

Sarcomata occur at any age from infancy onwards, but Keen,[3] quoting figures by Baltzer, says that 57.8% occur between forty and fifty. The symptoms and signs are most like those of carcinoma, the commonest being abdominal pain and discomfort, distension, anorexia, wasting and ascites which is not always hæmorrhagic.

The tumour when felt is irregular and this irregularity is due to metastases in glands and in the peritoneum and omentum; it is not tender and is usually freely moveable and moderately hard. Symptoms due to pressure on the *vena cava, vena portæ* and the ureter sometimes occur. When acute intestinal obstruction occurs, it is rarely due to malignant stricture as in carcinoma, but to pressure from without from a large mass of metastases or to intussusception.

The diagnosis from intestinal carcinoma is difficult, but there are a few points of difference. An intestinal tumour in a young person is most likely sarcoma. Pain is more common and a sarcoma is larger and more quickly growing. The presence of multiple tumours is in favour of sarcoma.

Tuberculous peritonitis may simulate sarcoma, but the mass will be smaller and less well defined and there will not be multiple tumours.

The duration of the disease may be helpful, as most patients suffering from intestinal sarcoma die within nine months.

The Royal Prince Alfred Hospital cases are as shown in the accompanying tables.

The fifth case which is reported in more detail, is the following:

J.J.C., a male, aged sixty-two years, was admitted to the Royal Prince Alfred Hospital on August 20, 1924. For four months he had had pain across the centre of the abdomen and both sides. The pain was practically constant, dull in character and not affected by meals. The pain became worse two weeks and very severe twelve hours before admission. Bowel actions had been regular, appetite good and no loss of weight had occurred. The temperature was 37° C. (98.6° F.), the pulse rate 92 and the respiratory rate 26.

The patient was a thin, old man. The tongue was thickly furred and dry. The abdomen was distended, rigid and tender all over. It was most tender to the right of the umbilicus and obvious general peritonitis was present.

A pre-operative diagnosis of general peritonitis from acute appendicitis was made.

TABLE SHOWING SYMPTOMS AND SIGNS IN THE ROYAL PRINCE ALFRED HOSPITAL PATIENTS.

Number.	Date.	Sex.	Age.	Symptoms.	Physical Examination.
1.	March 9, 1913.	M.	57	Lump in abdomen for six or seven weeks; loss of weight; some vomiting; flatulence.	Thin old man; rounded, firm, moveable tumour, size of fist, to left of umbilicus; no tenderness.
2.	March 8, 1916.	F.	43	Melæna, five weeks; lump in left side, three months; loss of weight.	Anæmic and thin; small, moveable, hard, cylindrical mass in left iliac fossa.
3.	December 12, 1919.	M.	49	Abdominal pain and tumour, four weeks.	Moveable tumour, size of child's head, below the umbilicus.
4.	September 4, 1924.	M.	46	Acute abdominal pain, twelve hours.	Tenderness in right iliac fossa, resistance, no definite mass, acute intestinal obstruction.

TABLE SHOWING RESULTS OF TREATMENT IN THE ROYAL PRINCE ALFRED HOSPITAL PATIENTS.

Number.	Operation.	Position.	Result of Operation.	Type.
1.	Excision of forty-five centimetres of small intestine; lateral anastomosis.	Small intestine (no further details available).	Recovery.	Round-celled sarcoma.
2.	Excision; end-to-end anastomosis with Murphy's button.	Descending colon.	Recovery.	Sarcoma, probably myo-sarcoma.
3.	Excision; lateral anastomosis.	Ileum sixty centimetres (two feet) from caecum.	Death.	Mixed-celled sarcoma, necrotic and infected.
4.	Ileo-caecal intussusception; excision; lateral ileo-colostomy (transverse colon).	Ileum 2.5 centimetres from caecum, involving ileo-caecal valve.	Recovery.	Round-celled sarcoma.

At operation free pus, gas and fæces were found in the abdomen. A perforation was found in the ileum about 1.8 centimetre (threequarters of an inch) in diameter. The edges were smooth, soft and not thickened and were of the same colour as the rest of the bowel. The opening was closed with catgut. A careful examination was not made, but no mass or enlarged glands were felt; the caecum was not found nor any sign of other ulcers. He recovered from the operation and was discharged on October 5, 1924, without a definite diagnosis.

Various conditions were considered in attempting to account for this patient's perforation. It seemed impossible that he was suffering from ambulatory typhoid fever. A Widal test produced no agglutination and he had a leucocytosis of 16,000 with 80% polymorpho-nuclear leucocytes. The absence of any sign of other ulcers and the condition of the perforation through what seemed normal bowel would contra-indicate amœbic tuberculous and chronic non-specific ulceration. Examination of the stools revealed no amœbæ. Perforation from within by a gall stone or foreign body seemed quite possible. I have seen two cases of perforation of the ileum by a foreign body, one a piece of chop bone and the other a fish bone. But no stone or foreign body was found in the stools or at operation.

X-ray examination with an opaque meal before discharge revealed: "Some delay in the passage of the meal along the small intestine; due to adhesions."

Dr. G. H. Abbott suggested two possibilities: (i.) That the bowel had been caught in a small hernial sac, obstructor or internal, causing a Richter's partial enterocœle, and had become gangrenous and had freed itself and perforated. (ii.) That the bowel had become adherent to a malignant growth and later had separated itself with resulting perforation.

He was readmitted on January 1, 1925, complaining of a painful swelling under the scar. On examination an incisional hernia was found in the right iliac fossa. He was now wasted, thin and weak. His temperature was 35.6° C. (96° F.) and his pulse rate 100.

On January 7, 1925, the skin gave way and a fæcal fistula drained through the hernia.

He died on January 15, 1925. Autopsy revealed a large, flattened mass in the ileum about 7.5 by five centimetres (three by two inches), with an ulcerated centre about 1.8 centimetres in diameter. There were numerous enlarged glands and several hard nodules under the peritoneum of the ileum. The mass was about sixty centimetres above the caecum.

Microscopical examination revealed a large, round-celled sarcoma.

The bowel in the neighbourhood of the growth was bound into a dense mass.

As no other trace of the original perforation was found except the ulcerated area in the centre of the growth, it is more likely that the perforation took place through the growth at an early stage and that it was not recognized at operation, than that a coil of bowel had become adherent to the growth and later had separated itself as Dr. Abbott suggested.

References.

(1) Fred. W. Rankin and J. C. Crager: "Fibro-Sarcoma of Transverse Colon," *Surgery Gynecology and Obstetrics*, December, 1924, page 811.
(2) J. Ewing: "Neoplastic Disease."
(3) Keen's "Surgery."

Reports of Cases.

SOME CASES ILLUSTRATING THE USE OF X-RAYS.[1]

By Stanley Verco, M.B., B.S. (Adelaide),
Adelaide.

This evening I am going to read to you the notes of a few patients treated by X-rays and hope that they will prove interesting.

Case I.—Mrs. W.'s right breast was removed for carcinoma twelve months before she reported for treatment on September 17, 1923. There were present at the time several small nodules of recurrence in the skin around the scar and enlarged glands were to be felt in the neck; there was a complaint of pain in the neck and ear. This patient received three exposures during the ensuing twelve months. At the end of that time there were no recurrences to be seen or felt and the weight was increasing. The patient was in the same condition when last seen a few days ago.

Case II.—Mr. R. had an epithelioma of the lower lip removed twelve months before reporting with a recurrence. The recurrence was in the scar and extended to the angle of the mouth. The ulcer was the size of a shilling and had a very hard base. Radiation was directed to the ulcer and glands of the neck. Two months later there was still some induration, though the ulcer was healed. A further treatment was given on March 13, 1924. Two months later the ulcer remained healed and the induration had disappeared. Now nearly twelve months after the last treatment the ulcer is healed and there is no induration.

Case III.—A carcinoma of Mrs. B.'s right breast was discovered in July, 1923. Some months later there was a complaint of pain in the right hip and groin and the patient could only walk with a limp and with pain. An X-ray film revealed an area of rarefaction in the ramus of the pubic bone and of the adjacent acetabulum. Treatment was given by radiation with a gradual reduction of the pain and lessened difficulty in walking, till the patient was able to walk without the aid of a stick and with only a slight limp and very little pain. As pain was experienced on the left side in October, 1924, a further X-ray examination revealed that the rarefied area had been replaced by bone more opaque than the normal and that there was a metastatic deposit on the left side.

Case IV.—Mrs. D.'s right breast was removed for carcinoma twelve years ago. On February 17, 1924, she noticed a pain in the right shin whilst sitting down with the knee bent and there was found to be a tumour there with a slightly bluish colour of the skin. An X-ray examination revealed the presence of a large area of rarefaction in the upper part of the shaft of the tibia and in one part the cortex had been broken through. X-ray treatment was given and in five weeks a further X-ray examination revealed little change in the bone. Further treatment was given and five months after the first treatment a further X-ray examination showed the rarefied area to be replaced by bone much more dense than normal bone, but irregular in formation. Clinically at this stage the tumour had disappeared and the patient could stand on the affected leg. Just lately there was found to be a recurrence in the operation scar, but the tibia clinically is sound. That is twelve months after initial treatment.

Case V.—Miss M. complained of constant shortness of breath even when resting in the sitting position. There was some cyanosis with evident dyspnœa and an audible stridor. There was œdema of the left side of the face and the chest wall and enlarged veins were to be seen on the anterior wall of the chest. The jugular veins were distended. Signs of deficient air entry into the chest and of fluid

[1] Read at a meeting of the South Australian Branch of the British Medical Association on February 26, 1925.

in the left side of the chest were present. The patient was unable to lie down on account of dyspnœa. There were a few enlarged glands in the left side of the neck and a fluoroscopic examination revealed a large mediastinal tumour. She was exposed to treatment from the right side and anteriorly and within twenty-four hours there was relief. In four days the patient was able to lie on the back, but not on the right side. Further treatment was given. Four weeks later there was a definite improvement, there being no dyspnœa nor œdema present. Air was entering the left side of the chest freely and it could be seen that there was no fluid. The mass was noticeably smaller. Further treatment was given. Five months after commencing treatment the patient felt quite well and was at work again. There was a slight dry cough. X-ray examination showed a small mass in the mediastinum and a little opacity in the middle of the right lung. This was probably an X-ray fibrosis. Seventeen months after commencing treatment the patient is carrying on her work without any embarrassment of respiration or feeling of distress. Throughout the acute course of her illness she was given no drug treatment.

FOREIGN BODY IN YOUNG MAN'S BLADDER.

By Ernest Chenoweth, M.D.,
Medical Superintendent, Mackay District Hospital, Queensland.

The following case is sufficiently unusual to warrant reporting.

F.D., aged thirty years, consulted me in January for pain and the passage of blood at the end of micturition for the previous week or so. Occasionally the stream would stop abruptly in the middle of the act.

Cystoscopic examination showed two white, irregularly spindle-shaped masses about 2.5 centimetres long and 0.75 centimetre thick with a thin dark connecting piece.

Suprapubic cystotomy was at once performed and a piece of grass stem about fifteen centimetres (six inches) long and two millimetres thick with several calcareous concretions around it was removed.

Subsequently the patient stated that he had on three separate occasions in the previous eighteen months pushed "Goanna Salve" into the urethra as a prophylactic with a grass stem. The last operation was about a month before the onset of symptoms.

There has been some itching, but no discharge. He was quite unaware that portion of the grass had passed into the bladder and apparently it gave rise to no trouble until it had been there long enough for the concretions to form over it.

AN UNUSUAL CASE OF SURGICAL EMPHYSEMA.

By V. C. Byrne, M.B., Ch.M.,
Resident Medical Officer, Saint Vincent's Hospital, Sydney.

F.D., a male, aged twenty-five years, was admitted into Saint Vincent's Hospital, Sydney, on November 20, 1924, suffering a right radial palsy of several years' standing. Physical examination revealed nothing abnormal in any of the patient's systems, apart from the classical features of a paralysis of the right radial nerve.

He was operated on on November 24, 1924, and extensive tenotomy and tendon transplantation was performed. Ether was administered by the "open" method for a period of over three hours and a soft rubber airway was used throughout the operation.

While recovering from his anæsthesia the patient coughed a lot and was troubled with dry retching. His general condition was satisfactory and continued so for the remainder of that day. Next morning he complained of "a feeling of stiffness" in his throat. Examination showed that his neck was swollen on both sides in the region of the cricoid cartilage. Palpation over this area imparted to the fingers a sensation of crackling, leading one to the conclusion that there was a distension of the subcutaneous areolar tissues with air or gas. This condition increased daily until on the fourth day after operation the whole neck was involved. The emphysema also spread down over the clavicles and on the left side extended down into the axilla and along the lateral thoracic wall as far as the level of the eighth rib. The condition now began to diminish in extent and after about four days had quite cleared up.

The interesting as well as difficult feature of this particular case is to determine the cause. When the emphysema first occurred it was thought that the posterior wall of the pharynx might have been injured by the rubber airway during the administration of the anæsthetic. Examination of the pharynx, however, revealed no signs of any injury, nor was there any evidence of a lesion, osseous or otherwise, in the thoracic walls. The patient's general healthy condition would be against the possibility of the escape of actual air into the tissues from any part of the gastro-intestinal tract. There was no possibility in this case of the presence of any gas-producing bacteria.

The probable cause in this condition was a rupture of pulmonary alveoli due to post-anæsthetic coughing and retching. The air thus liberated would be restricted from direct escape by the intact parietal pleura, as is the case in crushing or stab wounds of the chest wall. The escaped air would take a course along the inter-alveolar connective tissue into the root of the lung and then appear first over the apex of the lung and so into the lower part of the neck.

In the "Manual of Surgery" of Rose and Carless (page 1,026) reference is made to this type as "the interstitial condition of surgical emphysema."

I am indebted to Dr. D. J. Glissan for his permission to publish this case.

A CASE OF SYPHILITIC ADENITIS OF THE NECK.

By Laurence H. Hughes, M.D. (Sydney),
Honorary Assistant Physician, Royal Prince Alfred Hospital, Camperdown, Sydney; Honorary Assistant Physician, Royal Alexandra Hospital for Children, Camperdown, Sydney.

W.J., a girl, aged eleven years, was brought to me by her mother in September last year on account of swellings in the neck. The mother's history was to the effect that the child was born and had lived nearly all her life in the New Hebrides. She had always been perfectly healthy, except for occasional mild attacks of malaria. Six months ago small lumps appeared in the child's neck; they were painless and did not appear to interfere in any way with her usual good health. They remained much about the same size for three months and then began gradually to get bigger.

On examination the child looked healthy, though somewhat thin. Systematic examination revealed nothing abnormal except a mild degree of anæmia. There was no evidence in the blood of any recent malarial infection. The swellings in the neck were obviously enlarged lymphatic glands in both anterior and posterior triangles, chiefly on the right side. They were painless and freely movable as regards subjacent structures and overlying skin. There was also some slight enlargement in the spleen, but no other lymph gland groups showed the slightest involvement. A von Pirquet test was carried out, but no reaction was obtained. A provisional diagnosis of lymphadenoma was made and this was confirmed in consultation. One of the smaller glands was then excised for diagnostic purposes. On cutting through the gland after removal it was found to be full of typical caseous material which from macroscopical appearances

one would have no hesitation in ascribing to tuberculous infection. The gland was submitted to pathological examination and the report was to the effect that although no giant cell groups were present, the extent and character of the necrosis were strongly in favour of tuberculous infection. Lymphadenoma was definitely excluded in the report. The wound healed by first intention. In the meantime the larger mass of glands went on to abscess formation and had to be opened. A good deal of pus was evacuated and the abscess cavity scraped. Both the pus and scrapings were again examined pathologically and no tuberculosis was found. A von Pirquet test was again done and a diagnostic subcutaneous injection of tuberculin was given. No reaction was obtained from either. The operation wound on this occasion rapidly broke down and within a week was filled with a typical grey slough which suggested for the first time the possibility of syphilitic infection. A Wassermann test was carried out and yielded a strongly positive result. Specific remedies were administered and complete healing of the wound took place within two weeks. The other cervical swellings rapidly diminished in size and have now quite disappeared. A Wassermann test was done on each parent, but no reaction was obtained.

Comment.

Knowledge is often gained by our mistakes and I should in future certainly resort to an early serum test in any doubtful case of adenitis. Had this been done with this child, it would have at least been spared unnecessary surgical interference on two occasions. Cervical adenitis due to post-natal or tuberculous infection is very commonly seen amongst children in out-patients' clinics, but I have not previously encountered a syphilitic type unassociated, as in this instance, with any suggestive symptoms.

MELÆNA NEONATORUM.

By John E. Foley, L.R.C.P. and S.,
Cowra, New South Wales.

On April 18, 1924, I attended Mrs. W., aged twenty-six years, in her fourth confinement. She was delivered of a male infant. The presentation was occipito-posterior; no rotation took place prior to delivery. Instrumental delivery by Barnes's straight forceps was carried out under chloroform anæsthesia. There was no injury to either mother or infant. The weight of the child at birth was 2.5 kilograms (five and three quarter pounds). The appearance of the child was normal. After twelve hours a profuse hæmorrhage occurred from the child's bowel. This was followed within three hours by more bleeding; the diaper was saturated on each occasion. When I saw the child it was much collapsed, the pulse could not be felt, the fontanelle was depressed, the eyes were sunken and the skin was cold and clammy.

Half a cubic centimetre of "Hæmostatic Serum" was given by hypodermic injection followed by ten cubic centimetres of pure blood taken from the mother's arm. There was no further hæmorrhage except for the residual blood which stained the napkin for thirty-six hours. The child made an uninterrupted recovery. When the child was five months old I opened a large abscess at the right angle of its jaw and gave half a cubic centimetre of "Hæmostatic Serum" before doing so as I feared hæmophilia.

Direct transfusion of mother's blood is recommended for this condition by Callé in "Post-Graduate Medicine."

Reviews.

BACTERIOLOGY.

As in protozoology and zoology generally so in bacteriology also irregular and incorrect nomenclature characterized early attempts at classification. Such attempts were based on the one characteristic of morphology only, many of the biological and bio-chemical characteristics being at the time unknown. With the advance of knowledge an arrangement into families, tribes and genera based on morphological and biological characters has been involved. The arrangement accepted by the Committee on Characterization and Classification of the Society of American Bacteriologists together with a key for the identification of species constitutes the volume under review.[1]

The classification offered in this volume is not regarded as in any sense final, but merely as in the nature of a progress report leading to a more satisfactory classification in the future.

A useful classification of the genus Streptococcus. It is based mainly on the action on blood media and serological reactions and only secondarily on carbo-hydrate fermentation since the latter do not give concordant results with the serological tests.

The differentiation of staphylococci according to their chromogenic properties is adopted, though it is noted that the three main groups and two sub-groups into which Julianelle was able to differentiate the members of this genus, do not conform strictly with differences in pigment formation and other biological characters.

An extensive digression from any previous system of classification was made by Castellani and Chalmers in 1919 in reference to the intestinal bacteria. This classification, though somewhat amended, has in the main been adopted in the present manual. With the exception of Salmonella and Proteus all the other generic names used for the intestinal bacteria are new and were proposed for the first time by Castellani and Chalmers.

Such a classification will be found to be of much interest both scientifically and from a practical standpoint and it is to be hoped that it will stimulate the more thorough investigation of infections due to intestinal bacteria, especially in relation to those affecting the urinary tract. While the adoption of the nomenclature suggested would prove an encumbrance from a practical point of view, a detailed classification by the bacteriologist in the case of all such infections would add greatly to the knowledge of the subject both as regards the pathogenicity of the various species of each genus and also in the differentiation of additional species.

The book offers a comprehensive key to the study and identification of organisms of the class Schizomycetes. The characteristics of each family are given and this is followed by a key to the various tribes. This in turn is augmented by a key to the genera and lastly a brief description of the important characteristics of the species of each genus is given. It is thus an easy matter, knowing the morphological, cultural and pathogenic characteristics of any organism to place it immediately in its proper family, tribe, genus and species. This is an important point to those engaged in original investigations in bacteriology. To such individuals and to all bacteriologists this book should prove of value.

PRACTICAL GYNÆCOLOGY.

In "A Manual of Gynecology and Pelvic Surgery" Roland Skeel has produced a book[2] of real value to students and general practitioners. Almost the whole text shows a calmly judicial mind governed by modern ideas and solid personal experience of a man who must have been at one time a general practitioner.

Although somewhat out of place in a gynæcological work he discuses the vexed question of the causation of labour and favours the theory of the survival of the fittest.

[1] "Bergey's Manual of Determinative Bacteriology." Arranged by a Committee of the Society of American Bacteriologists; 1923. Baltimore, U.S.A.: Williams and Wilkins Company; Demy 8vo., pp. 454. Price: $5.75.

[2] "A Manual of Gynecology and Pelvic Surgery for Students and Practitioners," by Roland E. Skeel, M.D., A.M., M.S.; Second Edition; 1924. Philadelphia: P. Blakiston's Son and Company; Post 8vo., pp. 674, with 281 illustrations.

The types of dysmenorrhœa are well classified and the difficult subject soundly treated. In regard to the vaginal fistulæ he points out that those due to immediate trauma as a rule heal easily, but those due to pressure are difficult of healing on account of the loss of tissue from sloughing. In their treatment he emphasizes that free mobilization and avoidance of tension so essential to success.

His outlook is gloomy as regards the operative cure of uterine cancer and he thinks no condition operable that can be diagnosed without the aid of the microscope.

In late ectopic gestation he favours waiting for the death of the fœtus; most present-day gynæcologists advising immediate interference.

In the treatment of pelvic cellulitis he advises delay until softening is more or less evident and in acute salpingitis he advises non-interference "even when the recto-uterine excavation presents a bulging mass." This excessive conservatism could only cause the patient a good deal of avoidable suffering and risk. Apart from this the book will be read with pleasure and can be recommended.

BASAL METABOLISM.

"Basal Metabolism in Health and Disease," by Du Bois, amply fulfils the worthy object cited in the preface, "to bring basal metabolism out of the realm of pure physiology into the domain of clinical medicine."[1] An atmosphere prevails throughout the book that inspires confidence in the views of an author who, thoroughly conversant with his subject, presents it so shrewdly tempered with judgement and forbearance. No suggestion is embodied of extravagant claims or of the unconscious bias of enthusiasm for what is a comparatively recent acquisition of the clinical laboratory. On the contrary, clinicians are cautioned as in the case of all such artificial aids, to regard this procedure as confirming rather than establishing their diagnosis. The views expressed under the heading "A Discussion of the Reliability of Basal Metabolism in Diagnosis," would surely be accepted as constituting a fair statement of the case by all who have devoted time and thought to metabolic investigations.

Emphasis is rightly laid upon the requisites of experience and the personal factor in an operator whose results are to carry clinical weight, whatever may be the actual method employed. Mere technique can be mastered in a few weeks, but the trained, judicious management of each individual patient and a conscientious attention to apparatus in use are the essentials.

The extent of the influence exerted by climate and nationality upon basal metabolism has not yet been finally settled, but for clinical purposes American readings and standards appear to conform to those obtaining in Australia, as do the results and observations of our workers in the clinical field to those published in the book under review. It should long remain a standard work of reference as basal metabolism has probably already been exploited to the limits of its clinical utility, there being in fact little to add to the conclusions reached by Means and Aub in 1917. The tabulated results of these observers and of Boothby and Sandiford, of the Mayo Clinic, on some 8,600 patients with thyreoid and other disorders which are incorporated in the book, undoubtedly furnish the most reliable evidence obtainable for practical purposes.

It is evidently the outstanding application of basal metabolism to thyreoid disorders that has led to the introduction of a classification of these and a brief, up-to-date literary review of the ætiology and treatment of the secretory anomalies.

While its scope and generous references render it of value to those making a special study of basal metabolism, for the medical man in practice who desires an insight into this subject, its clinical application and limitations, there is no work of reference comparable.

[1] "Basal Metabolism in Health and Disease," by Eugene F. Du Bois, M.D.; 1924. Philadelphia and New York: Lea and Febiger. Royal 8vo., pp. 372. Illustrated with 79 engravings. Price: $4.75.

MATERIA MEDICA FOR NURSES.

"A Textbook of Materia Medica for Nurses" is the title of a book by Muirhead and Brodie.[1] The education of nurses is at present in a transition state and different grades may develope. So far in Australia this has not been the case in policy, though it cannot fail to be so in practice. This book presupposes an education which is more than that demanded of the nurse on entrance and also opportunities for the use of her knowledge which does not usually fall to the lot of the trained nurse. Apart from this it contains useful information on the measurement of dosage, preparation of lotions, stock solutions and so forth which should be very helpful to any nurse, especially if her knowledge of arithmetic is poor.

A chapter on cathartics contains some useful information. The type of action of most of the principle drugs used in illness is described with some account of their therapeutic action. It is questionable whether the therapeutic information is quite as much as is required, while graphic tracings of drug effects on animals and the lists of various preparations of each drug are hardly necessary in so elementary a volume.

Its value as a book of reference for nurses is considerable, but it hardly corresponds sufficiently to the Australian curriculum to serve as a text-book.

A TEXT-BOOK ON ANÆSTHESIA FOR NURSES.

"Anæsthesia for Nurses," by Dr. William Webster, is a book which aims at presenting the essentials of anæsthesia from the nurse's view point.[2] While the book would be of some service to the trained nurse as we see her in the cities, its chief value would be to the nurse out back, really a minor practitioner, who has to administer anæsthetics and treat patients, to the theatre sister who constantly handles the complicated apparatus used in the fully equipped theatres and to the nurse in charge of major operation cases.

The book deals with the history and physiology of anæsthesia, the various preparations in use, the methods of administration, the apparatus used, which is often very complicated, and its care.

The author describes the stages of anæsthesia and the dangers and difficulties of each of the preparations used, including local and spinal analgesia. Pre-operative and post-operative care are dealt with possibly more from the practitioners' standpoint, but there is much useful advice for nurses that would make for the well being of the patient.

Position and special preparation are dealt with in one chapter, while surgical shock and the patient's viewpoint have each a chapter to themselves.

This book is useful. It contains more information than could be demanded of nurses at the end of their training, though much of the practical side is implicit in the practical work of surgical wards. The print is excellent, but there is a rather unnecessary wealth of illustrations.

PHYSICAL DIAGNOSIS.

A new edition, the fourth, of Dr. W. D. Rose's "Physical Diagnosis" has recently appeared.[3] It differs in a few minor details only from the third edition which was recently reviewed in these columns.[4] The perusal of Dr. Rose's book confirms the opinion then expressed, that it is too inaccurate to serve as a work of reference and too cumbersome for the use of students.

[1] "A Textbook of Materia Medica for Nurses," by A. L. Muirhead, M.D., and Edith P. Brodie, A.B., R.N.; Second Edition; 1924. St. Louis: C. V. Mosby Company. Post 8vo., pp. 190, with illustrations. Price: $2.00 net.

[2] "Anæsthesia for Nurses," by Colonel William Webster, D.S.O., M.D., C.M.; 1924. St. Louis: The C.V. Mosby Company. Post 8vo., pp. 153, with illustrations. Price: $2.00 net.

[3] "Physical Diagnosis," by W. D. Rose, M.D.; Fourth Edition; 1924. St. Louis: The C. V. Mosby Company. Royal 8vo., pp. 755, with 319 illustrations. Price: $8.50.

[4] The Medical Journal of Australia, November 24, 1923.

The Medical Journal of Australia

SATURDAY, APRIL 4, 1925.

Mental Hygiene.

THE addresses delivered annually by the Presidents of the Branches of the British Medical Association in Australia are by common consent immune from comment and discussion. In the present issue we publish the address of Dr. Andrew Davidson, the President of the New South Wales Branch, delivered on Thursday, March 26, 1925. He has been wise in choosing a subject which has engaged his attention for many years. It is one of great importance to the medical practitioner and to his patient and it concerns every doctor in active practice. Yet it is seldom discussed as a problem in professional politics. His words convey a valuable lesson; his address should be studied, not merely read.

Dr. Davidson pleads for the establishment of improved facilities for the training of the medical student in every day psychiatry, for the institution of the psychiatric clinic in the large public hospitals, for the awakening of interest of medical practitioners in the signs and symptoms of mental disease in its early stage. There is no need to amplify his utterances. But we would wish to supplement his remarks by inviting our readers to consider an allied subject at the same time. The general practitioner encounters persons at the beginning of mental disease. His duty is clear when the diagnosis is made and Dr. Davidson is helping him to make it at the earliest moment. The general practitioner encounters not occasionally, but every day and many times on each day persons whose minds are normal despite an untoward and unfavourable environment. In these days hygiene and preventive medicine are real terms used in conversation. The world is awakening to the fact that it is much more economical and rational to avoid disease than to try to cure it. Sensible people visit their medical advisers at regular intervals while they are apparently in good health to be examined from the crown of their heads to the soles of their feet. The detection of slight deviations from the normal enables the practitioner to institute a *régime* or course of treatment which may remove a threatening danger to health or life or which may postpone the onset of some incapacitating illness. In industries the workers are controlled in a similar manner so that the amount of illness and consequent loss of man power may be reduced and the output may be increased by improved health. These are the aims of modern preventive medicine and excellent results have already been registered.

Mens sana in corpore sano. It is of small avail to safeguard the body unless a concurrent safeguard of the mind is instituted. Perfect health implies an unconsciousness of physiological functions within the body, an absence of pain and unpleasant sensations and content of mind. The experienced practitioner takes note of the smallest disturbances of mental composure in his patient and uses his influence to restore the balance. He does not often have the opportunity of helping his patient to modify his occupational or domestic arrangements in order to adjust the traumata to which his mind is subjected under unfavourable or unsuitable conditions. That it is expedient to take precautionary measures when a person has some inherent or acquired bodily defect will be admitted by all. The school boy with a cardiac lesion as an aftermath of scarlet fever is forbidden to play football or other games involving violent exercise. The child of fragile physique is not allowed to indulge in competitive sports like other children. The adult with a plethoric habit of body is warned not to impose on his heart and blood vessels sudden, undue strain. Why are not the same principles applied to the mind? It is just as important to the individual that his mind should be kept healthy and free from the risk of giving way under excessive strain as it is that his body should be protected.

If the principle is sound for the individual, it must be applicable to communities. In industrial life each worker should be watched in order that it may be ascertained whether the conditions of his work are suited to the quality of his mind. Employers are beginning to realize that it is wasteful to keep a man or a woman at a task for

which he or she is not well adapted. Apart from the humane aspect of the question, it is not sound business to ignore the mental attitude of the worker. A wide margin of safety should be allowed if this be possible. The employer of labour should be guided by physiological and psychological rules and he must look to the hygienist to assist him in achieving the best results. It may, therefore, be claimed that the training of the medical student should embrace not only the study of the signs and symptoms of disease of the mind in its early stages, but also the study of psychology in its application to occupation in the home and in the work shop.

Current Comment.

THE TREATMENT OF GENERAL PERITONITIS.

The occurrence of general peritonitis as an accompaniment to such a condition as acute appendicitis is always a matter of the gravest import. The clinical picture is so typical that no description is necessary. It may be said that the treatment of general peritonitis lies chiefly in its prevention. The surgeon who insists on performing abdominal section as soon as the nature of the lesion becomes apparent, can claim that if he does nothing else, he plays for safety. It is true that he may occasionally remove appendices which would recover without operation, but he will not be caught unawares as often by the acute fulminating lesion in a retrocaecally placed or pelvic appendix as will the man who waits for the attack to subside. When once peritonitis has become established, prompt and energetic treatment is necessary. The adoption of Fowler's position and the use of rectal injections of saline solution as recommended by the late J. B. Murphy have been of the greatest value in the post-operative treatment of acute general peritonitis.

Some interesting suggestions have recently been made in a discussion on this subject by Mr. Sampson Handley.[1] Mr. Handley states that Murphy failed to recognize fully the importance of intestinal paralysis which accompanies the severer forms of peritonitis. In some instances of streptococcal peritonitis the infection is so intense that within a few hours of the onset of symptoms the patient is moribund. There is another group, however, in which progress to a fatal issue takes place more slowly and it is to cases of this variety that Mr. Handley directs attention. The characteristic feature of cases of this description is the failure of treatment to produce an action of the bowels. Medical practitioners with experience of abdominal surgery realize that the turn in the tide towards recovery usually takes places when satisfactory action of the bowels has occurred. In the production of this result pituitary extract and eserine have been of great value. It is a matter of common experience, however, that when peritonitis has become established and is increasing in extent, these drugs frequently fail to do what is required. The musculature of the bowel wall cannot be induced to functionate, distension increases and death is inevitable. Mr. Handley refers to the views expressed by Sargent and Maybury that the terminal event in the presence of a streptococcal infection is due to a septicæmia. He holds that this is true in only the rarest and most acute forms. He points out that from the moment of intestinal obstruction the patient rapidly goes down hill. Up to this point the main factor has been absorption from the peritoneal cavity; from that time onwards absorption occurs mainly from the distended intestines. The peritonitis continues to extend, but long before it has become universal, the patient dies not of peritonitis, but of acute intestinal obstruction. Mr. Handley refers to the autopsy findings in what may be regarded as a typical case of acute peritonitis following appendicitis. The inflammation began in the pelvis and caused acute inflammatory changes in the ileum and the transverse colon which were lying in the pelvis. The inflamed areas of bowel were collapsed and thickened by œdema. The upper part of the small intestine was free from congestion. The duodenum was somewhat distended, but was neither thick nor œdematous. The upper part of the abdomen was relatively free from inflammation. There was no lymph on the spleen. No signs of peritonitis were found on the liver with the exception of the right renal notch where some lymph was found. The surface of the stomach was free from peritonitis. There was a trace of lymph on the diaphragm, but it was otherwise normal to the naked eye.

In pelvic peritonitis with obstruction the pelvic coils of ileum and the pelvic colon are paralysed. The presence of two obstructions has given rise to the name of *ileus duplex*. If the peritonitis has spread upwards at a rapid rate, more extensive and less clearly defined tracts of bowel are thrown out of action. Mr. Handley holds that as inflammation does not extend above the umbilicus, it is safe to argue that the contractile power, at any rate of the stomach, jejunum and transverse colon, is unimpaired. He has found that after suitable treatment the large intestine recovers its peristaltic power earlier than the small intestine. As a result of his observations Mr. Handley divides the clinical stages of peritonitis into three. The first is the stage of pelvic peritonitis. On abdominal examination in this stage hypogastric distension and tenderness are found; no rigidity of the abdominal wall is present except such as may be found in the immediate neighbourhood of the original septic focus. On rectal or vaginal examination acute tenderness is found and possibly œdematous thickening of the recto-vesical fold of peritoneum and thickening of

[1] *The British Journal of Surgery*, January, 1925.

the utero-sacral ligaments. These signs may be noted within the first few hours and obstruction may or may not supervene at this stage. If obstruction occurs the condition is that of *ileus duplex*. The second stage is that of hypogastric peritonitis. Mr. Handley holds that it is important that this stage should be recognized, for, though it inevitably and rapidly passes into the third stage, it is amenable to treatment if undertaken without delay. The patient in the second stage of the disease is rapidly getting worse. Vomiting is vigorous and the vomited material may be up to a litre in amount. Vomiting does not occur at very frequent intervals and at this stage it is quite unlike that which characterizes the terminal stage. The characteristic features of the abdomen are distension and rigidity, tenderness and immobility in its lower half. Above the umbilicus the abdomen is flat or only slightly distended, it is still soft and only moderately tender. Mr. Handley said that the use of large enemata, eserine and pituitary extract may produce copious evacuation of the bowel and even be followed by recovery. Such recoveries must, however, be very rare. The terminal stage soon supervenes. The abdomen becomes gradually and uniformly distended. The stomach and the bowel above the inflamed segment are distended. Rigidity in the last stage has extended to the region above the umbilicus. The stomach begins to share in the muscular paralysis of the intestine. As a result of this, vomiting occurs frequently and without effort. It is purely mechanical and due to high pressure of fluid and gas in the stomach.

In regard to treatment Mr. Handley refers to the work of Victor Bonney. Bonney advocated the performance of jejunostomy for paralytic ileus due to peritonitis. Mr. Handley objects that the performance of jejunostomy necessitates a second operation for the repair of the duodenum and he also points out as many others have done that jejunostomy robs the patient of much fluid and nutriment at a time when he is in urgent need of all that he can absorb. Mr. Handley's treatment consists in ileo- or jejuno-colostomy combined with caecostomy. He has aimed at constructing a complete emergency alimentary canal above the level affected by peritonitis and at providing a considerable area of absorptive surface. He uses an apt comparison. He says that this policy is that of a man whose house is invaded by a rising flood, the man must leave the ground flood and make temporary provision on the first floor for all the primary needs of life until the flood subsides. During nine years Mr. Handley has had occasion to adopt this type of procedure in the treatment of four patients. In all of them the usual methods such as pelvic drainage, the adoption of Fowler's position, infusion of saline solution, the use of eserine, pituitary extract and so forth, had failed. The patient's condition in every instance appeared to be hopeless; in all four improvement took place within forty-eight hours, the abdomen became soft, vomiting ceased and natural evacuations of the bowel occurred. In three instances the patients recovered and the caecostomy wound closed of its own accord. The fourth patient died later of pyæmia and multiple abscesses. One patient remained well for years, but subsequently presented signs of pernicious anæmia.

Mr. Handley's paper is valuable in that it appears to offer hope in what is generally regarded as a hopeless condition. It must be remembered that the drastic steps suggested by him must not be undertaken until all other measures have failed to stem the tide of advancing peritoneal infection. It would be quite unjustifiable to expose a sorely stricken patient to the risk of a second operation until it was quite obvious that no other measures could succeed. In any case promptness and decision and fearless determination are necessary. When the question is considered from the purely practical point of view, it is immaterial whether death is due to obstruction or to infection. Obstruction is present and must be relieved. Infection is also undoubtedly present and if the intestinal obstruction can be relieved, the patient's powers of resistance will be better able to overcome the virulence of the ineffective process caused by his original lesion. Mr. Handley does not state whether or not it is advisable to undertake subsequent operation for the closure of the ileo- or jejuno-colostomy. Mr. Handley is dogmatic, his cases are only four in number, but his article merits the serious considera- of those who are faced with acute, abdominal problems.

THE HUNTER MEMORIAL.

Attention is drawn to a meeting which was held in Sydney recently for the purpose of establishing a memorial to the late John Irvine Hunter. An account of this meeting will be found in another part of this issue. The meeting was representative of the medical and scientific bodies with which Hunter had been associated in his short but brilliant career. Those who were present, felt that the proposal to establish a memorial would appeal not only to the members of the medical profession, but also to those of scientific bodies and other learned professions as well as to the general public. An executive committee was elected. It includes the Deputy Chancellor of the University of Sydney, Dr. Cecil Purser, and the Vice Chancellor, Professor W. M. MacCallum. Many excellent suggestions were made as to the form the memorial should take; a decision on this point will be made at a later date. Medical practitioners can rest assured that the form of the memorial will be one that will keep green the memory of this Australian man of science and it is hoped that each and every one of them will take part in the undertaking.

The record of the speeches delivered at the memorial ceremony to Hunter has been published in pamphlet form together with his photograph. Copies may be obtained for one shilling at the office of the Journal.

Abstracts from Current Medical Literature.

BACTERIOLOGY AND IMMUNOLOGY.

Untreated Bile as a Solvent for Pneumococci.

FRANK B. KELLY AND HARRY GUSSIN (*The Journal of Infectious Diseases*, October, 1924) recommend the use of whole, untreated bile as a solvent for pneumococci and state that with it sugar broth emulsion of a density to make readings of solubility simple and accurate may be employed. The untreated bile dissolves pneumococci better than bile which has been treated or sterilized by any means and is better than the bile-salt solutions. It is clearer and can be kept indefinitely without loss of potency. Bile which has been treated to 100° C. or more, becomes opalescent and this renders difficult the readings of solubilities. Untreated bile shows no opalescence after several weeks' storage. It should be kept on ice or at room temperature. After a time a slimy film forms on the surface and a heavy precipitate appears. Between these three is a clear golden liquid which should be carefully removed by a pipette. This is used in the proportion of one to two of the volume of the emulsion of organisms. Pneumococci are dissolved in twenty minutes in a water bath at 42° C.. The statement that dextrose broth cultures of pneumococci are not suitable for bile-solubility tests on the grounds that the acidity present renders the organisms less soluble and also precipitates the bile preparation is not supported by these workers.

Pulmonary Infection with the Spirochæte and Fusiform Bacillus of Vincent.

CLYDE MCNEILL (*Bulletin of The Johns Hopkins Hospital*, November, 1924) reports a case of pulmonary infection with the spirochæte and fusiform bacillus of Vincent The patient was aged thirty-six years with an excellent history previous to the illness which began two months before admission to hospital. He complained of progressive weakness, loss of weight, constant cough with mucopurulent sputum, epigastric discomfort and occasional attacks of diarrhœa. The patient presented the clinical picture of advanced pulmonary tuberculosis. The total leucocyte count was 18,480 with 39.3% eosinophile cells. The red cells were normal. X-ray examination of the chest showed areas of consolidation of varying density in the parenchyma of the lungs involving both upper lobes and showing striking similarity to the lesions of advanced active pulmonary tuberculosis. The most dense consolidation was at the roots of the lungs. No tubercle bacilli were found in the sputum and no spirochætes or fusiform bacilli in specimens examined some hours after collection. In specimens examined immediately after the sputum was coughed up, however, the spirochætes and fusiform bacilli were so numerous that the appearances of a stained preparation suggested an emulsion of these organisms. The patient was treated with "Neo-Arsphenamin" given intravenously and received six grammes of potassium iodide daily. The general malaise, cough, expectoration, pulmonary consolidation and gastro-intestinal symptoms disappeared after the second injection of "Neo-Arsphenamin" and in two months the patient was able to do hard work and had gained 14.4 kilograms (thirty-two pounds) in weight. The X-ray picture of the chest showed that the lungs were quite clear and the eosinophile cells count had fallen to 10%.

Serum Reactions in Syphilis.

R. B. LLOYD (*The Indian Medical Gazette*, January, 1925) reviews the serum reactions in syphilis with special reference to the various flocculation tests as compared with complement deviation tests. He points out that for eighteen years the test introduced by Wassermann and his co-workers has held the field practically unchallenged and that the test in its various modifications has shown satisfactory conformity with the clinical findings in an enormous number of cases all over the world. The interaction in Wassermann's test between syphilitic serum and an antigen consisting of a colloidal suspension of lipoidal particles appears to involve formation of a precipitate. By changing the conditions of the experiment it ought to be possible to render the precipitate visible and different attempts have been made to elaborate satisfactory tests along these lines. Since the Meinicke test was described in 1917, the chief precipitation tests have been those of Sachs-Georgi, of Dreyer and Ward and of Kahn. All have sought specificity of reaction, adequate sensitiveness, simplicity of technique and some degree of quantitative expression. The Dreyer-Ward method gains commendation, but is too laborious for extensive routine work. The earlier tests do not appear to give consistent results with different workers and up to the present the most satisfactory method would seem to be that described by Kahn in America in 1922 and already modified several times by the author. It is suggested that at present flocculation tests are not likely to replace complement deviation tests, but are valuable as an additional check on results so obtained.

Serological Relationships Among the Streptococci and Pneumococci.

CHARLES H. HITCHCOCK (*Journal of Experimental Medicine*, January, 1925) using the complement fixation reaction with antigens of whole bacterial solutions confirms the existence of two great groups in the non-hæmolytic streptococci. One of these groups was found to be related to the hæmolytic streptococci, the other to the pneumococci. Amongst the pneumococci cross reactions were frequently encountered. Members of Type IV. were found to be practically uniform and so far as their antigens are concerned are more closely related to members of Type II. than to either of the other groups. Type III. antigen was fixed by few samples of serum tested, but the corresponding serum was found to be related both to Type IV. strains and to one of the groups of the non-hæmolytic streptococci. The sera of hæmolytic strains of streptococci showed a range of fixation which covered the entire non-hæmolytic streptococci and the pneumococcal families. Their antigens, however, were fixed only by the sera of one of the groups of non-hæmolytic streptococci and by one strain only of the pneumococci tested. The author suggests that the existence of these cross relationships is dependent upon the properties of the protein or lipoid protein fraction of the bacterial cell.

Studies of Hookworm Infection in Brazil.

NELSON C. DAVIS (*American Journal of Tropical Medicine*, January, 1925) records some observations made upon hookworm infection in south-central Brazil. The subjects infected were mostly agriculturists and fisher folk. The highest peak of ascaris infection occurred in both sexes between the ages of six and ten years. The average for females was greater than for males in nearly every age group. The highest incidence of hookworm infestation in males was between the ages of sixteen and twenty years, amongst females between eleven and fifteen years. A rather definite correlation was established between the intensity of infection and the amount of shoe wearing among the different age groups of both sexes. Indications were that infections were contracted not so much by prolonged contact with the humid earth of the fields as by relatively shorter exposure to highly infected spots of pollution.

The Bacteriophage of D'Herelle.

JACQUES J. BRONFEUBRENNER AND CHARLES KORB (*Journal of Experimental Medicine*, January, 1925) describes experiments undertaken in an attempt to confirm the observations of Olsen and Yasaki. These workers had affirmed that the bacteriophage is a volatile chemical substance. They had subjected an eighteen hours lysed culture of bacteria to distillation at 45° C. to 50° C. under reduced pressure and claimed to have collected a distillate capable of propagating the lysis in series. The distillate was stated to be slightly alkaline and to give a reaction for ammonia. The active substance of the distillate was easily redistilled even at low temperatures. Bronfeubrenner and Korb repeated the experiments of Olsen and Yasaki ten times without being able to confirm these workers' statement that the lytic principle concerned in the phenomenon of transmissible lysis is volatile. They attribute any results which indicate volatility to the transfer to the distillate of minute droplets of the original active filtrate.

HYGIENE.

Occupational Therapy for Nurses.

WALTER G. RYON (*Archives of Occupational Therapy*, October, 1924) states that there are many reasons why nurses should be acquainted during their training course with the practice of occupational therapy. As the training schools have developed, new procedures in the treatment have always been included in the general curriculum, such as hydro-therapy, electro-therapy and so forth. Therefore, as occupational therapy has definitely shown its practical and material advantages in the treatment of those suffering from mental disease, it is quite apparent that it should be included in the nursing course. The fundamental object of the nurse in helping to promote the patient's ultimate recovery requires that she be familiar with all forms of treatment leading to that end and occupational therapy is one of the greatest means to this end. The work of the occupational therapist should bring the therapist and nurse very closely in contact. The nurse who has experienced the great value to her patient of properly prescribed and well administered curative work, needs no exhortation as to the necessity of this close cooperation.

Bread Baker's Itch.

R. PROSSER WHITE (*Journal of State Medicine*, December, 1924) states that the identity of "baker's itch" is not yet established, its causation far from being settled. He asks is it a distinct entity, a special disease peculiar to the bread maker or some ingredient he handles. He points out that in the larger bakeries the mixing and kneading are done by machinery. The author watched closely a dozen men affected by so-called "baker's itch" and was not satisfied that these severe eruptions could be caused by any of the substances used in the ordinary procedure of the trade. Some infections lasted six months. All started with intense itching followed by periods of free oozing, the attacks recurred again and again whether the man continued working or not and ultimately the skin became dry and scaly. The author, then carried out over one hundred direct experiments on his own skin on himself, that of his orderly and of his nurse. The materials handled by bakers are water, salt, flour, yeast and certain so-called activators. The daily and weekly time was known that the bakers' hands were in contact with the separate substances and with the mixed materials. All these substances were tested, many singly and all in their usual combination on the arms of the three experimenters. The results were noted. As regards length of exposure it was found that no baker handles dough or its constituents as long as two hours daily in the process of mixing or kneading and then not continuously. In the author's experiments the samples were placed on four plies of lint under jaconet, the material being applied to the naked skin. Every application was allowed to remain for three days. Each agent or combination was tested on three different occasions on three different persons. Thus the experimental conditions were more severe and more likely to cause trouble than the conditions usually met with in the routine of the bakers' craft, except that the test was not life long. It was found that sugar and yeast do not cause dermatitis, while dry, white flour has no action on the skin. Dough caused no irritation. Of the combinations tested it was found that bran was more injurious than acid calcium phosphate and than tartaric acid in the percentages used in the trade, but the rashes were very different to those in the workmen with so-called "baker's itch." The author does not come to any definite conclusions, but points out that a large field is opened up for investigation. He states that in all cases of "baker's itch" the prevailing lesions were eczematous, not urticarial, erythematous or exudative. This leads him to exclude anaphylaxis or sensitization as a usual, ordinary or common predisposing element in the complaint. He concludes by emphasizing the fact that one in every seven hundred persons of the population is affected within the course of the year by an outbreak of eczema the origin of which cannot be given and for which the occupation cannot be responsible.

International Aspect of Quarantine Regulations.

E. W. HOPE (*The Journal of State Medicine*, December, 1924) remarking on the change in English quarantine regulations, points out that the old system took account mainly of the conditions existing at the point of departure of a vessel, while the new system bases action on the conditions found to exist on board at the port of arrival. The author sees a tendency once more to increase the burden imposed upon commerce by quarantine legislation and urges a greater uniformity in quarantine procedure throughout the world. It is, of course, impossible that there should be complete uniformity in procedure in every country of the world, for so much depends upon the internal organization, the physical conditions, the customs and habits of the people and the diseases which are likely to gain a permanent foothold if once introduced. English quarantine legislation is less restrictive than that of any country and yet in spite of all criticism she can present a true bill of health which will satisfy all countries and be the envy of most. Quarantine restriction should be exactly in proportion to the dangers that exist in fact and not in theory. They should be protective and not aggressive. The author suggests that a broad outline of quarantine legislation throughout the world should be laid down, that all nations should adopt such a system as a minimum and that additional restrictions to meet special conditions in certain countries if approved as reasonable, should be allowed. He further urges that quarantine regulations should not be regarded as a source of revenue; the very most that should be derived in fees, should be what is necessary to cover the cost of the service. As regards the demand for a periodic fumigation of all ships at regular intervals or at six months, while there are many points in favour of such a course which had already been enforced in some countries, it is a grape-shot method of attack. It lacks the precision which modern scientific methods aim to achieve. The number of rats on board a ship and the danger of plague depend on many factors, such as the construction of the ship, the type of cargo carried, the ports of call, the duration of the voyage and these factors ought to be taken into consideration in prescribing how frequently a vessel should be fumigated. In many countries vessels are not medically examined except between sunrise and sunset, but now-a-days with good illumination for a thorough examination it appears unreasonable that a healthy ship should be detained till daylight before medical inspection. In conclusion the author holds that without the sacrifice of the primary duty to safeguard health, efforts should be made to administer quarantine regulations without interference with the freedom of trade and international intercourse.

Pathological Investigations in the Siberian Steppes.

J. KUCZYNSKI (*Klinische Wochenschrift*, January 1, 1925) gives an account of the Kirghiz tribes of the Siberian steppes. These nomads are a mixture of Turk and Mongol. They live almost exclusively on a meat diet which is consumed in large quantities and drink copious amounts of koumiss containing 3% to 6% alcohol. Owing to their habits skin diseases, especially scabies and impetigo, are very prevalent. Conjunctivitis and severe *otitis media* ending in blindness and deafness are common. Tuberculosis, especially in the cervical glands and bones, is very common despite the fact that the climate is favourable for cures. Rickets is rare. The women often nurse their children for five to six years and lactational atrophy with consequent sterility is common. Diabetes is not often noted, but arterio-sclerosis and gout are frequently seen. Apoplexy and chronic nephritis carry off many men. As is to be expected in such meat eaters, gastro-intestinal diseases are prevalent. Marriage is restricted owing to the women being bought with gold. However, prostitution is unknown, though onanism is fairly prevalent. Neurasthenia especially with a sexual basis is common, but hysteria and true psychoses are rare. Venereal diseases are very rare. Persons affected with venereal disease are dealt with severely by the elders and are generally outlawed from the camps. Despite the excessive alcoholic consumption there is very little cirrhosis of the liver though definite fatty degeneration is seen.

British Medical Association News.

ANNUAL MEETING.

THE ANNUAL MEETING OF THE NEW SOUTH WALES BRANCH OF THE BRITISH MEDICAL ASSOCIATION was held at the B.M.A. Building, 30-34, Elizabeth Street, Sydney, on March 26, 1925, DR. ANDREW DAVIDSON, the President, in the chair.

Annual Report of the Council.

THE HONORARY SECRETARY presented the Annual Report of the Council and moved that it be taken as read and received. The motion was seconded by DR. J. ADAM DICK, C.M.G., and carried.

ANNUAL REPORT OF THE COUNCIL, MARCH 26, 1925.

THE COUNCIL presents the following report on the work of the Branch for the year ended March 26, 1925.

Membership.

The membership of the Branch is now 1,423 as compared with 1,323 at the date of the last Annual Report, showing a net increase of 100.

The additions have included: Elections and resumptions of membership, 135; removals into area of Branch, 41.

The losses have included: Resignations, 4; removals out of area of Branch, 41; default in payment of subscription, 24; deaths, 7.

The losses by death have been: DR. V. MARANO, DR. W. B. WALTON, DR. F. F. BROWN, DR. H. M. ANDERSON, DR. A. J. VAUSE, PROFESSOR J. I. HUNTER, DR. SYDNEY JAMIESON.

Meetings.

Ten ordinary meetings of the Branch, including the Annual Meeting, four extraordinary meetings and five clinical meetings were held. The average attendance was 61. Clinical meetings were held at the Royal Prince Alfred Hospital, the Sydney Hospital, the Royal North Shore Hospital of Sydney, the Coast Hospital and the Women's Hospital (Crown Street, Surry Hills). The ordinary meeting of May 9, 1924, was held at the Chamber of Commerce Building, Newcastle. The extraordinary meeting of December 18, 1924, took the form of a memorial ceremony for the late PROFESSOR JOHN IRVINE HUNTER who died in London on December 10, 1924. The business of meetings during the year included thirty-eight papers and addresses and numerous reports of cases and exhibits and lantern demonstrations.

Representation.

The Branch was represented as follows:

(*a*) *Council of the British Medical Association*: SIR T. JENNER VERRALL, LL.D., Vice-President of the British Medical Association.

(*b*) *Representative Body* (1924-1925): Representative, DR. T .W. LIPSCOMB.

(*c*) *Federal Committee of the British Medical Association in Australia* (1924): DR. J. A. DICK, C.M.G., DR. R. H. TODD; (1925), DR. J. A. DICK, C.M.G., DR. R. H. TODD.

(*d*) *Australasian Medical Publishing Company, Limited*: DR. W. H. CRAGO (resigned on August 6, 1924), PROFESSOR F. P. SANDES, DR. R. H. TODD, DR. GEORGE ARMSTRONG (nominated on January 6, 1925).

(*e*) *Council of the Bush Nursing Association* (1924-1925): DR. A. DAVIDSON.

(*f*) *Council of the Royal Society for the Welfare of Mothers and Babies*: DR. R. B. WADE, PROFESSOR J. C. WINDEYER.

Council.

(*a*) The attendance of members of the Council and of the standing committees was as set out in the table on the next page.

(*b*) The representatives of the Local Associations of members appointed on the invitation of the Council to attend the regular quarterly meetings of the Council were as follows: DR. K. S. MACARTHUR BROWN (Central Western), DR. A. M. GLEDDEN (City), DR. J. C. LAMROCK (Eastern Suburbs), DR. G. M. BARRON (Northern Suburbs), DR. W. F. SIMMONS (Illawarra Suburbs), DR. W. B. DIGHT (Northern District), DR. R. B. TRINDALL (South Sydney), DR. F. W. KANE (Western Suburbs), DR. J. BROOK MOORE (Western).

(*c*) The death occurred on January 25, 1925, of DR. SYDNEY JAMIESON, who was President of the Branch 1913-1914 and a member of the Council continuously since 1901, a period of twenty-four years.

Library.

DR. J. A. DICK has continued in his capacity as Honorary Librarian. Donations of books and periodicals were received from the AUSTRALASIAN MEDICAL PUBLISHING COMPANY, LIMITED, the UNIVERSITY OF MELBOURNE, DR. FOURNESS BARRINGTON and DR. C. H. BURTON BRADLEY.

Pictures were presented by DR. ANDREW DAVIDSON of Captain Arthur Phillip, R.N., the first Governor of Australia and of the pioneers of the medical profession in Australia, William Balmain, R.N., M.D. and Thomas Jamison, R.N., Surgeons of the First Fleet.

Affiliated Local Associations of Members.

The following is a list of the Local Associations of members, with the names of their Honorary Secretaries:

Balmain District: DR. J. E. SHERWOOD.
Border: DR. R. A. ROBERTSON.
City: DR. H. A. RIDLER.
Central Northern: DR. R. S. CANDLISH.
Central Southern: DR. R. G. WOODS.
Central Western: DR. K. S. MACARTHUR BROWN.
Eastern Suburbs: DR. R. J. TAYLOR.
Eastern District: DR. J. B. MCELHONE.
Illawarra Suburbs: DR. W. F. SIMMONS.
Northern District: DR. E. B. FITZPATRICK.
North Eastern: DR. A. M. ASPINALL.
Northern Suburbs: DR. E. M. HUMPHERY.
Southern District: DR. S. H. WEEDON.
South Eastern: DR. H. H. LEE.
South Sydney: DR. J. G. HUNTER.
Western Suburbs: DR. J. F. WALTON (Assistant Honorary Secretary: DR. W. M. A. FLETCHER).
Western: DR. W. K. DALE.

Annual Meeting of Delegates.

The thirteenth Annual Meeting of the Delegates of the Affiliated Local Associations with the Council was held on October 3, 1924, at the B.M.A. Library, Sydney. An account of the meeting appeared in THE MEDICAL JOURNAL OF AUSTRALIA, October 18, 1924, page 410, and reports of the proceedings were sent to the Local Associations. The Delegates were as follows: DR. G. M. BARRON (Northern Suburbs), DR. N. J. DUNLOP (Central Northern), DR. J. ENGLISH (Central Southern), DR. L. FETHERSTON (South Eastern), DR. E. B. FITZPATRICK (Northern District), DR. A. M. GLEDDEN (City), DR. J. T. PATON (Western), DR. W. F. SIMMONS (Illawarra Suburbs), DR. E. H. M. STEPHEN (Western Suburbs), DR. F. G. N. STEPHENS (Eastern Suburbs), DR. R. W. YOUNG (South Sydney).

Sections for Special Branches of Medical Knowledge.

The following is a summary of information in regard to the several Sections:

(*a*) *Section of Hygiene and Preventive Medicine (inaugurated January 3, 1922).*

Chairman, DR. W. G. ARMSTRONG; *Honorary Secretary*, DR. R. DICK. Meetings were held on August 28, 1924 (B.M.A. Building) and December 5, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 10.

(*b*) *Section of Medicine (inaugurated October 1, 1924).*

Chairman, PROFESSOR A. E. MILLS; *Honorary Secretary*, DR. A. J. COLLINS. Meetings were held on October 1, 1924

(B.M.A. Building) and December 5, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 15.

(c) *Section of Neurology and Psychiatry (inaugurated June 5, 1924).*

Chairman, SIR JOHN MACPHERSON; *Honorary Secretary*, DR. R. A. NOBLE. Meetings were held on June 5, 1924 (B.M.A. Building); July 17, 1924 (A.J.C. Home for Sailors and Soldiers, Darling Point); August 22, 1924 (Psychiatric Clinic, Broughton Hall); October 16, 1924 (B.M.A. Building); December 18, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 48.

(d) *Section of Obstetrics and Gynæcology (inaugurated August 6, 1924).*

Chairman, DR. FOURNESS BARRINGTON; *Honorary Secretary*, DR. A. J. GIBSON. Meetings were held on August 6, 1924 (B.M.A. Building); December 3, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 32.

(e) *Section of Orthopædics (inaugurated May 7, 1923).*

Chairman, DR. N. D. ROYLE; *Honorary Secretary*, DR. D. J. GLISSAN. Meetings were held on March 6, 1924 (B.M.A. Building); April 3, 1924 (B.M.A. Building); May 1, 1924 (B.M.A. Building); June 5, 1924 (B.M.A. Building); July 7, 1924 (B.M.A. Building); September 10, 1924 (Sydney Hospital); October 2, 1924 (B.M.A. Building); December 4, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 16.

(f) *Section of Oto-Rhino-Laryngology (inaugurated June 11, 1924).*

Chairman, DR. A. J. BRADY; *Honorary Secretary*, DR. G. R. HALLORAN. Meetings were held on June 11, 1924 (B.M.A. Building); October 15, 1924 (Royal Prince Alfred Hospital).

Number of members at December 31, 1924, 12.

(g) *Section of Pædiatrics (inaugurated October 4, 1921).*

Chairman, DR. R. B. WADE; *Honorary Secretaries*, DR. W. VICKERS and DR. H. G. HUMPHRIES. Meetings were held on May 2, 1924 (Royal Alexandra Hospital for Children); May 16, 1924 (B.M.A. Building); June 27, 1924 (Royal Alexandra Hospital for Children); August 29, 1924 (Royal Alexandra Hospital for Children); September 19, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 65.

(h) *Section of Pathology and Bacteriology (inaugurated April 3, 1924).*

Chairman, DR. OLIVER LATHAM; *Honorary Secretary*, DR. A. H. TEBBUTT. Meetings were held on April 3, 1924 (B.M.A. Building); June 19, 1924 (Sydney University); August 4, 1924 (Royal Prince Alfred Hospital) and October 20, 1924 (Sydney Hospital).

Number of members at December 31, 1924, 24.

(i) *Section of Surgery (inaugurated July 30, 1924).*

Chairman, DR. E. T. THRING; *Honorary Secretary*, DR. E. M. FISHER. Meetings were held on July 30, 1924 (B.M.A. Building) and September 24, 1924 (B.M.A. Building).

Number of members at December 31, 1924, 36.

British Medical Association New House.

On the suggestion of the Council, approved by all the other Branches in Australia, the Federal Committee passed the following resolution:

That, in celebration of the epoch-making event of the British Medical Association entering its new House at Tavistock Square, Bloomsbury, W.C. 1, which, it is under-

ATTENDANCE OF MEMBERS OF THE COUNCIL AND OF THE STANDING COMMITTEES OF THE COUNCIL.

Office-Bearers.	Council.	Executive and Finance Committee.	Ethics Committee.	Organization and Science Committee.	Medical Politics Committee.	Medical Journal Sub-Committee (Executive and Finance Committee).
DR. GEORGE ARMSTRONG (Acting Honorary Treasurer, September, 1923, to May, 1924)	4	9	—	—	—	8
DR. J. E. V. BARLING	3	—	3	3	—	—
DR. F. BARRINGTON	3	10	—	—	—	9
DR. C. B. BLACKBURN, O.B.E.	5	—	9			
DR. W. H. CRAGO (Honorary Treasurer; Premises Attorney)	5	11	6	3	9	11
DR. F. BROWN CRAIG (Honorary Medical Secretary)	6	—	—	12	—	—
DR. A. DAVIDSON (President)	**6**	**12**	**7**	3	11	8
DR. J. A. DICK, C.M.G. (Honorary Librarian)	5	9	—	—	12	—
DR. J. G. W. HILL	5	—	—	—	6	—
DR. E. M. HUMPHERY	6	—	7			
DR. SYDNEY JAMIESON	2	5	—			
DR. C. H. E. LAWES (Ex-President)	4	5	—	—	11	—
DR. T. W. LIPSCOMB	2	—	—	—	3	—
DR. R. J. MILLARD, C.M.G.	6	—	5			
PROFESSOR A. E. MILLS	1	—	—	11	—	—
DR. W. C. MCCLELLAND	4	—	—	—	8	—
DR. A. A. PALMER	6	—	8			
DR. S. A. SMITH	3	—	—	9	—	—
DR. R. H. TODD (Honorary Secretary)	6	8	8	10	9	7
DR. R. B. WADE (Vice-President)	4	3	8	12	2	—
Number of Meetings Held	6	12	10	12	13	11

stood, will take place in July, 1925, the several Branches in Australia be invited to join in making a presentation to the Association in recognition of the bond of kinship uniting them with the Parent Body; such presentation to take the form of a President's chair for the Great Hall.

It is understood that effect has been given to the resolution and that the sum of one hundred pounds has been made available for the purpose.

Australasian Medical Congress (British Medical Association), Second Session.

The New South Wales Branch invited the Federal Committee to arrange for the second session of the Congress to be held in Sydney in 1926. Owing, however, to a strongly expressed wish of the New Zealand Branch for the session to be at Dunedin, the Federal Committee accepted the New Zealand Branch invitation and the session has been arranged for February, 1927. DR. R. B. WADE has been nominated as a Vice-President of Congress representing the New South Wales Branch and DR. F. BROWN CRAIG has been kind enough to accept nomination as Local Secretary of Congress for New South Wales.

Federal Committee.

The Federal Committee of the British Medical Association in Australia met in Sydney on July 16 and 17, 1924, and in Melbourne on February 4 and 5, 1925. Reports of the proceedings appeared in THE MEDICAL JOURNAL OF AUSTRALIA, August 2, 1924, page 124 and February 28, 1925, page 219.

Articles of Association.

Steps are being taken for the amendment of the Articles of Association of the Branch so as to make them conform to the model articles of association of an incorporated branch approved by the Central Council.

Contract Practice: Friendly Society Lodges.

(i.) Negotiations were reopened by the Friendly Societies' Association for reduced rates for attendance on females and on children and for the prescribed rate for attendance to be a fixed rate instead of a minimum rate. The proposals were again submitted to the Local Associations of Members for consideration and were discussed at the Annual Meeting of the Delegates of Local Associations with the Council held on October 3, 1924. The Friendly Societies' Association was advised on November 12, 1924, to the effect that: (a) Having regard to the service as a whole as provided under the Common Form of Agreement, no reduction of the rates for attendance on females could be made, (b) the New South Wales Branch of the Association would be pleased if the Friendly Societies' Association would submit proposals for a scheme for contract attendance on members of juvenile lodges and (c) the rates for attendance prescribed in the agreement should be "minimum" rates.

(ii.) Correspondence is in progress with the Friendly Societies' Association in regard to the question of having uniform medical certificates for use by lodges of all orders in connexion with sickness benefit as well as uniform proposal forms for membership and applicants' declaration forms and medical certificates of health for applicants. The Friendly Societies' Association approves of the proposal and has suggested that it would be more effective if the certificate forms in question were distributed by the New South Wales Branch of the British Medical Association. The Friendly Societies' Association has been asked for further information as to what the suggestion involves.

(iii.) In respect of widows and orphans of deceased soldiers whose death is due to war service, and to the widowed mothers of such deceased unmarried soldiers arrangements were made by the Repatriation Commission with the friendly societies for medical benefit to be supplied to them through the friendly society lodges in the several States. In some of the cases where medical officers of lodges have accepted a list of Repatriation Department beneficiaries for attendance under the arrangement, complaint has been made by the medical officers of well-to-do persons availing themselves of the benefit and of persons not in good health being placed on their list for medical attendance. They were reminded that both these classes of beneficiaries had necessarily to be included in the arrangement, but that nothing had been done to make it obligatory for any medical officer of a lodge to accept a list of Repatriation Department beneficiaries for attendance.

Regulations: Name-Plates.

At an extraordinary General Meeting held on August 28, 1924, the regulation governing name-plates was amended to read as follows:

> No member, except with the approval of the Council conveyed to him in writing, shall have his name-plate affixed elsewhere than (a) at his residence, (b) at premises where he attends regularly for the purpose of receiving his patients in the ordinary course of his practice. Provided that except with the approval of the Council conveyed to him in writing, no member shall have his name-plate at more than two places.

The words "Provided that . . . . two places" constitute the amendment.

Reference of Patient by Medical Attendant to Lay Radiologist.

The following resolution was passed by the Council on July 1, 1924, on the suggestion of the Federal Committee:

> That a medical attendant should not refer a patient to a lay radiologist for X-ray diagnosis or for treatment where a medical radiologist is available. Provided that this should not apply to a dental radiologist in purely dental work.

Public Hospitals Act Amendment.

Reference was made in the last (1924) Annual Report of the Council to certain conferences convened by the Chief Secretary and Minister for Public Health, the Honourable C. W. Oakes, M.L.C., to discuss a bill to be submitted to Parliament for the purpose of modernizing the hospital legislation of the State. After a further conference at which representatives of the Council were invited to be present, a bill was introduced into the Legislative Assembly as a Government measure. It had not, however, been considered when Parliament was prorogued in December last.

State Income Tax.

Members were notified that the Commissioner for Taxation had advised that it had been decided to allow a deduction not exceeding ten *per centum* in respect of the cost of medical journals and periodicals.

Federal Royal Commission on Public Health.

A Federal Royal Commission on Public Health was appointed, January 7, 1925, consisting of five Commissioners, four of them being members of the medical profession, namely, SIR GEORGE SYME (Chairman), DR. FRANK S. HONE, DR. R. H. TODD and DR. JANE S. GREIG, and the fifth, a layman, the HONOURABLE S. R. INNES-NOAD, M.L.C.. The Commission is appointed to inquire into and report upon public health as a matter for legislation and administration by the Commonwealth, in conjunction with the States where necessary and more particularly in respect to:

(a) The coordination of medical services of Commonwealth Departments in regard to all matters affecting public health;
(b) The cooperation of Commonwealth and State health authorities;
(c) The prevention of the outbreak, development or spread of disease in the Commonwealth;
(d) The prevention of venereal disease and the exercise of control over and the treatment of persons suffering from venereal disease;
(e) Uniform legislation in regard to purity of food and drugs;
(f) Maternity hygiene and child welfare;
(g) Industrial hygiene;
(h) The encouragement and development of research work;

(i) The relationship which should exist between public health authorities and medical practitioners in regard to the prevention of disease;

(j) The relationship which should exist between public health authorities and other public authorities rendering medical services; and

(k) The publication of information relating to matters concerning public health.

In view of the fact that most of the matters particularly referred to the Commission directly concern the medical profession and have for some time been under consideration by the several Branches of the Association and the Federal Committee, it is noted with satisfaction that, with the exception of one, all the Commissioners are members of the medical profession. It is noted also with satisfaction that the Federal Committee was invited by the Prime Minister to nominate one member of the Commission.

Royal Commission on National Insurance.

Reference was made in the last (1924) Annual Report of the Council to the Federal Royal Commission on National Insurance which was appointed in September, 1923, to inquire into and report upon (a) national insurance as a means for making provision for casual sickness, permanent invalidity, old age and unemployment and (b) the operation of the maternity allowance system with a view to the incorporation with national insurance of a scheme for securing effective prenatal and other assistance to mothers. It is understood that the Commission's report, so far as health insurance is concerned, that is the part dealing with casual sickness, permanent invalidity, old age and the operation of the maternity allowance system, has been completed. In its communications with the Royal Commission, the Federal Committee, as the result of the answers given by members of the Branches in the several States to the questions on the matter of national health insurance submitted to them, indicated to the Commission that the medical profession was not in favour of the introduction into Australia of any of the systems known to it of compulsory individual medical attendance in operation elsewhere. The Federal Committee, however, with the approval of all the Branches, submitted to the Commission proposals for a scheme which, if adopted in its entirety, would, in the opinion of the Committee, in course of time materially improve the health of the community. The scheme provided for an all-sickness and accident benefit for all persons with income below an amount to be determined, whether employed, unemployed or unemployable, the benefits to include not only general medical practitioner attendance, but consultant service, specialty services, institutional treatment and special treatments, together with X-ray, laboratory and other aids to diagnosis, maternity benefit and dentistry benefit.

"The Medical Journal of Australia."

It is noted with satisfaction that the scheme of the Directors of the Australasian Medical Publishing Company, Limited, for the establishment of a complete plant and equipment for the production of THE MEDICAL JOURNAL OF AUSTRALIA, alluded to in the last Annual Report of the Council, is now an accomplished fact and that the journal is now being entirely produced by the Company's own

BRITISH MEDICAL ASSOCIATION—NEW SOUTH WALES BRANCH.

Receipts and Expenditure for the Year Ended December 31, 1924.

RECEIPTS.

	£	s.	d.
Balance from 1923	1,395	8	4
Subscriptions	6,467	9	6
Sydney University War Memorial Carillon Fund	582	6	6
Legal Expenses Contingency Fund	34	11	8
Discounts and Exchange	27	6	11
Interest	21	10	0
Sales, Common Form of Agreement	14	17	6
	£8,543	10	5

EXPENDITURE.

	£	s.	d.
British Medical Association	1,962	18	0
THE MEDICAL JOURNAL OF AUSTRALIA	1,439	15	0
Clerical Assistance	1,182	2	0
Legal Expenses	550	0	0
Sydney University War Memorial Carillon Fund	582	6	6
Rent £300 0 0			
Less *Contra* 31 5 0			
	268	15	0
Printing and Stationery	200	12	6
Library	172	14	1
Stamps and Telegrams	159	7	10
Federal Committee	132	10	0
Emergency Fund (loan repaid)	100	0	0
Telephone	29	9	1
Cleaning	26	0	0
Premises Account (Transfer)	20	0	0
Attendance *et cetera* at Meetings	16	15	0
Travelling Expenses	14	9	4
Australasian Medical Publishing Company, Limited (Links *et cetera*)	11	11	6
Northern General Electric Co.	16	2	0
J. Castle & Son (adding names to Memorial Tablet)	7	3	0
Rodman and Kelaher	6	15	0
Sundries	17	0	0
Fixed Deposit (Bank of Australasia)	1,000	0	0
Debenture, Australasian Medical Publishing Company, Limited	400	0	0
Balance, Cash Book	222	9	10
Balance, Petty Cash	4	14	9
	£8,543	10	5

Examined and found correct,

A. MAITLAND GLEDDEN
FRED. W. HALL } Auditors.

W. H. CRAGO,
Honorary Treasurer.

plant in the Company's own printing house at Seamer Street, Glebe. The first issue printed on the new machines was that of March 21, 1925, bearing on its front page a reproduction of the figure of Æsculapius taken from the Gold Medal of the British Medical Association in Australia. The Directors and the Editor, to whose initiative and energetic direction and supervision the success of the enterprise is largely due, are to be heartily congratulated upon this great achievement.

Visitors.

Dr. W. J. Mayo, of the Rochester Institute, United States of America, accompanied by other distinguished representatives of the American Medical Association and of the American College of Surgeons, namely Dr. Richard Harte, Dr. Franklin Martin and Dr. Richard Smith, visited Sydney in April, 1924. They made a study of the public and private hospitals and addressed the members of the Association at a meeting convened for the purpose, on April 4, at the Anatomy Department of the University on the subject of "Standardization of Hospitals." A complimentary dinner was arranged in their honour at the Royal Sydney Golf Club on April 8.

Professor Grafton Elliot Smith was another distinguished visitor. He renewed his acquaintance with many of his old associates in the University of Sydney and a dinner in his honour was held on September 4, 1924, which a large number of members attended.

Post-Graduate Course in Medicine.

A post-graduate course in medicine, designed by the Council and approved by the Faculty of Medicine, was held at the University, September 8-12, 1924, under the direction of the Sydney University Extension Board. Twenty-six members attended. Dr. C. H. Kellaway (Director of the Walter and Eliza Hall Institute in Melbourne) delivered a course of lectures on renal functions and diseases. Other lecturers were Dr. R. Gordon Craig, Dr. J. C. Windeyer, Dr. A. W. Holmes à'Court, Dr. George Bell, Dr. S. A. Smith and Dr. E. W. Ferguson. Operations and clinical demonstrations were held at the Sydney Hospital, the Royal Prince Alfred Hospital and the Royal Alexandra Hospital for Children.

Australasian Association for the Advancement of Science.

Dr. J. S. Purdy and Dr. Harvey Sutton were nominated to attend as Delegates of the Branch at the Meeting of this Association held at Adelaide on August 25-31, 1924.

War Memorial Carillon.

In connexion with the movement of the University of Sydney to establish a carillon in memory of those of its *alumni* who fell in the War, members of the New South Wales Branch of the Association were invited to contribute to a fund for the purchase of one of the bells. The Branch fund and the Faculty of Medicine fund were combined and the No. 3 bell, costing £1,070, was secured, October 22, 1924, as a "Medical Bell." The following inscription, to be cast in the bell, has been submitted for the approval of the University, namely: "In memory of the members of the Medical Profession in New South Wales and of the Undergraduates in Medicine of the University of Sydney who gave their lives in the Great War, 1914-1919." It has been suggested also that the name "Asclepios" in Greek lettering be added to the inscription with a view to the bell being spoken of, in time to come, by the name of the Father of Medicine.

John Irvine Hunter Memorial Meeting.

An extraordinary meeting was held on December 18, 1924, in token of respect to the memory of Professor John Irvine Hunter, whose untimely death took place in London on December 10. Addresses delivered by Professor A. E. Mills, Professor F. P. Sandes and Acting Professor F. A. Maguire, D.S.O., and the following resolution was passed:

We, the members of the New South Wales Branch of the British Medical Association, at this meeting in memory of John Irvine Hunter, desire to commemorate in pride and thankfulness his scientific achievement which has been the glory of medical science in Australia and holds incalculable promise for the future relief of human suffering.

We recall with feelings of personal gratitude the active part he took in the help of the profession by generous communication of his knowledge and ideas to practising members.

We express our deep and lasting affection for the noble qualities of his nature which bound all to him in friendship as intense as their admiration of his genius.

And we respectfully and sincerely offer to his wife and his mother and family the assurance of our sympathy in the measureless sorrow of their bereavement.

The Thompson Case: Privy Council Appeal.

A report of the hearing of the appeal of the plaintiff, Dr. G. S. Thompson, to the Privy Council against the judgement, May 7, 1923, of the New South Wales Full Court, was published in The British Medical Journal of February 16, 1924. Judgement was delivered on March 26, 1924, and was published in The British Medical Journal of March 29, 1924. The judgement was in favour of the respondent, the New South Wales Branch of the British Medical Association. The appeal failed on every ground and was dismissed. The appellant was ordered to pay the costs.

Financial Statement.

Dr. W. H. Crago, the Honorary Treasurer, presented the financial statement to the Branch for the year ended December 31, 1924, and moved its adoption. He pointed out that the expenditure during the year was somewhat larger than that of any previous year. The various items of receipts and expenditure (see page 351) were explained. In regard to the premises account, Dr. Crago stated that the gross receipts exceeded the amount received in any one year. The profits for the year were £1,394. This was the largest profit they had yet shown. It had been possible to discharge mortgages to the extent of £1,500 as compared with the usual £1,000. Since the beginning of the year 1925 a further reduction of £2,000 had been effected which left the mortgage on the building at £3,250. He anticipated that he would be able to wipe off this balance within another twelve months.

Dr. Crago referred to the increasing value of the land. The auditors in their report commented on the good financial year.

The motion was seconded by Dr. C. H. E. Lawes. He stated that the Branch had every reason to congratulate itself on the highly satisfactory position which was due to the care and skill of Dr. Crago.

Professor F. P. Sandes informed the meeting that the Branch was under an obligation to Dr. R. H. Todd in connexion with the Carillon Fund. In order to secure the medical bell, Dr. Todd had stepped in the breach and had rendered himself responsible for a considerable sum. Fortunately, this amount had been subsequently collected.

The motion was carried.

Dr. W. H. Crago moved and Dr. F. Brown Craig seconded a vote of thanks to Dr. A. M. Gleddon and Dr. F. W. Hall for their services as auditors. The motion was carried.

Dr. T. W. Lipscomb moved that the Annual Meeting place on record its appreciation of the services of Dr. W. H. Crago as Honorary Treasurer. He regarded the financial statement as eloquent testimony of the value of those services and asked the members to pass this special resolution to signify their admiration of Dr. Crago. Fifteen years previously the building had been erected with the aid of £12,000 worth of debentures and mortgages for £18,000. They had just learned that within a short time the whole of that mortgage would be discharged. Dr. Crago had been a member of the Council for thirty-seven years and Honorary Treasurer for thirty-five years. The motion was carried with acclamation.

President's Address.

DR. ANDREW DAVIDSON delivered an address (see page 331).

DR. R. B. WADE moved a vote of thanks to the President. He stated that although few of them were specially interested in the work of the alienist, it had been impossible to listen to the address without recognizing the urgent necessity for the provision of better facilities in the teaching of psychiatry to students. He congratulated Dr. Davidson not only on his admirable address, but also on the manner in which he had carried out the duties of his office during the year. Everything had run smoothly and he was persuaded that this smoothness was in a large measure due to the manner in which Dr. Davidson had conducted the business of the Branch. In conclusion, he referred to Dr. Davidson's intention to visit the old country where it was hoped he would represent the New South Wales Branch of the British Medical Association at the various important functions of the parent body.

The motion was seconded by PROFESSOR F. P. SANDES and was carried by acclamation.

Election of Office-Bearers.

THE PRESIDENT announced the result of the election of the office-bearers and members of the Council:

President: Dr. R. B. Wade.

Vice-President: Dr. R .J. Millard, C.M.G., C.B.E.

Members of the Council: Dr. George Armstrong, Dr. J. E. V. Barling, Dr. F. Barrington, Dr. George Bell, O.B.E., Dr. C. B. Blackburn, O.B.E., Dr. W. H. Crago, Dr. F. Brown Craig, Dr. A. Davidson, Dr. J. A. Dick, C.M.G., Dr. A. H. Holmes à Court, Dr. E. M. Humphery, Dr. J. L. T. Isbister, Dr. C. H. E. Lawes, Dr. T. W. Lipscomb, Professor A. E. Mills, Dr. A. A. Palmer, Dr. S. A. Smith and Dr. R. H. Todd.

On the motion of DR. W. H. CRAGO, seconded by DR. A. J. ASPINALL, it was resolved that Dr. F. W. Hall and Dr. A. M. Gleddon be elected auditors for the ensuing year.

It was further resolved on the motion of DR. GEORGE ARMSTRONG, seconded by DR. J. A. DICK, that a vote of thanks be accorded to the scrutineers.

The following resolutions were also carried:

That Dr. A. Davidson be the representative of the Branch in the Representative Body, 1925-1926.

That the following be delegates to attend the Annual Meeting of the British Medical Association at Bath: Dr. A. Davidson, Dr. H. C. Adams, Dr. T. G. C. Evans, Dr. J. Foreman, Dr. H. E. Lee and Dr. J. Malcolm.

That Dr. A. Davidson be the delegate of the New South Wales Branch to attend the opening ceremony of the new house of the British Medical Association in Tavistock Square.

Medical Benevolent Fund of New South Wales.

DR. J. MACDONALD GILL presented the Annual Report of the Medical Benevolent Fund of New South Wales and moved its adoption. The sum of fifty pounds had been voted for the maintenance of two children of a deceased practitioner. The remainder of the money expended during the year had been divided between four beneficiaries. The Committee recognized that the amount of support voted to the claimants was smaller than needs demanded.

DR. E. S. LITTLEJOHN, the Honorary Treasurer, prepresented the statement of accounts (see below). He made an appeal to members for more generous support. Although there were over fourteen hundred members of the Branch, only £75 had been subscribed. The local medical associations had been far more generous. He ventured to hope that the rich uncle, the New South Wales Branch of the British Medical Association, would repeat the donation made each year.

DR. W. H. CRAGO referred to another benevolent fund which had been in existence for many years. It had been started in 1858 by the Australian Medical Association. Although this association had ceased to exist in 1868, the fund had continued. The moneys had been collected for the benefit of the members of that association and their dependants. It could, therefore, not be touched for other purposes without the sanction of the court. There were but few surviving members and it was, therefore, proposed to make an application to the court when the last one had died, so that the money could be handed over to the New South Wales Medical Benevolent Fund. The sum involved amounted to £2,200 and this sum was being increased by interest at the rate of a little more than £100 per year.

The Committee was re-elected. Its members were Dr. T. Fiaschi (Chairman), Dr. R. L. Faithfull and Dr. F. W. Hall (Trustees), Dr. E. S. Littlejohn (Honorary Treasurer) and Dr. J. Macdonald Gill (Honorary Secretary).

NEW SOUTH WALES MEDICAL BENEVOLENT FUND.

Statement of Accounts to February 28, 1925.

RECEIPTS.

	£	s.	d.	£	s.	d.
Balance from Previous Year				516	17	9
Donations from Societies—						
South Sydney Medical Association	£20	0	0			
Illawarra Medical Association	12	6	9			
Western Medical Association	10	10	0			
Eastern Suburbs Medical Association	20	0	0			
Central Western Medical Association	23	7	6			
North-Eastern Medical Association	5	5	0			
				91	9	3
Surplus from Dinner to Dr. Mayo				13	14	0
Subscriptions				74	13	0
				£696	14	0

EXPENDITURE.

	£	s.	d.	£	s.	d.
Assistance to Various Charities				65	0	0
Bank Fee					10	0
Pepperday & Co.				5	16	0
Exchange					3	0
Balance, Savings Bank	£575	11	3			
Balance, Commercial Bank	49	13	9			
				625	5	0
				£696	14	0

(Signed) E. S. LITTLEJOHN,
Honorary Treasurer.

(Signed) F. HEMSWORTH,
Auditor.

Sydney,
March 17, 1925.

SCIENTIFIC.

A MEETING OF THE SOUTH AUSTRALIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION was held in the Lister Hall, Hindmarsh Square, Adelaide, on February 26, 1925, DR. F. STEELE SCOTT, the President, in the chair.

Treatment by X-Rays.

DR. STANLEY VERCO read a paper entitled: "Some Cases Illustrating the Use of X-Rays" (see page 339).

DR. W. RAY asked what was the clinical diagnosis in the case of mediastinal tumor referred to by Dr. Verco. He also asked whether the treatment of these cases was with deep therapy and what dosages were prescribed.

Dr. Verco replied that the tumor of the chest was held to be a lympho-sarcoma of the mediastinum, the treatment in all cases was by deep therapy and the dosage in the bone conditions was estimated to produce an erythema dose in the bone. In the treatment of the chest condition as much was given as the patient's condition would allow.

DR. H. S. NEWLAND, C.B.E., D.S.O., raised the point of the value of a routine X-ray examination of the bones prior to operation in cases of carcinoma of the breast or prostate with a view to avoiding unnecessary and extensive operations.

DR. RUPERT MAGAREY said *à propos* of Dr. Newland's point that in several London hospitals in cases of carcinoma of the breast a routine examination of the chest by X-ray photographs was made and if signs of mestastases were revealed, the operation was reduced to a palliative one only.

DR. C. T. C. DE CRESPIGNY, D.S.O., said that he had had the patient with the tumor of the chest referred to by Dr. Verco under his care. She had had extreme respiratory distress, was cyanosed and a conglomerate mass of glands could be felt in the posterior triangle of the neck and one gland just above the sternum. Clinically they had appeared to be lympho-sarcomatous. At the time of the meeting she was well, was working as a typiste and had only a few prominent glands to be felt.

He also quoted another case, one of teratoma of the testicle which had been removed a year previously. The nature of the growth had been proved by microscopical examination. This patient had had œdema of the legs, dilated abdominal veins and a mass of enlarged lumbar glands the size of a closed fist. The latter had been treated by Dr. Stanley Verco by deep therapy. At the time of the meeting the patient had no palpable abdominal tumour and his legs merely swelled slightly after a day's work.

Radium Treatment of Menorrhagia.

DR. RUPERT MAGAREY read a paper entitled: "The Treatment of Menorrhagia by Radium" (see page 334).

DR. F. S. HONE confirmed the value of the use of radium in the class of cases mentioned by Dr. Magarey, especially in regard to its curative effect in those patients who had undergone curettage several times without relief. He also referred to a patient with a fibroid tumor of the uterus who had refused operation and whose symptoms had been greatly relieved and the uterus had decreased in size.

DR. A. KRAKOWSKY stated that in his opinion curettage was not an operation to be discarded in cases of menorrhagia.

DR. JOHN VERCO asked whether Dr. Magarey could say that he had been successful with all patients treated by these means.

DR. RUPERT MAGAREY in reply said he had felt that the amount of radium used in his series of cases was not enough to affect a fibroid. Fibroids would cause an enlargement of a uterus to the size of a three months' pregnancy and consequently he had avoided mentioning the condition. He referred to the relatively few occasions on which he had seen a curettage operation performed for menorrhagia in some of the chief gynæcological clinics in England and he believed curettage to be useless in the first two types mentioned in his paper. This did not mean, however, that he relegated the curette to the rubbish heap. He also stated that some of the patients he had treated had not shown much beneficial result until several months after the treatment. The patients, especially the younger type in whose treatment it was necessary to err on the side of under-dosage, were liable to become discouraged, but he had found that the desired result was eventually obtained, though in some cases it was delayed. Up to date he had not had to give a second dose in any instance. He thought he could practically always produce an artificial menopause when this was desirable.

Erb's Juvenile Type or Scapulo-Humeral Variety of Landouzy-Déjérine Syndrome.

DR. GUY LENDON showed a female patient aged eleven years. The patient's illness had begun at the age of seven years when it had appeared that her arms were not developing in proportion to her legs. She had very easily become tired with only moderate exertion. Dr. Lendon pointed out that failure of development was present in the upper part of her arms in the *erector spinæ* and in the scapular muscles. She had definite lordosis on standing and this disappeared when she sat down. Winged scapulæ were also present and she fell through the hands of a person who attempted to lift her by the elbows. She had greatly hypertrophied tonsils after two operations for their removal. Dr. Lendon thought that the chief interest of the case lay in the fact that the patient was a female and that there was no family or hereditary history of the disease. The patient was suffering from Erb's juvenile type or scapulo-humeral variety of Landouzy-Déjérine syndrome.

Progressive Muscular Dystrophy in a Female.

DR. C. T. C. DE CRESPIGNY, D.S.O., showed a female patient who had been well until the age of twelve years. No hereditary history could be traced. The patient had at first been treated for scoliosis. At the age of fourteen years the weakness of the back had increased and the facial muscles had become affected. Dr. de Crespigny pointed out that the face was immobile and that weakness of the *levator palati* was present, especially on the right side. The patient had also loss of power in the sternal portion of the *pectoralis major*, *erector spinæ*, psoas and iliacus muscles. This loss of power had produced the "alderman" type of gait. The shoulder girdle was not much involved but was weak.

Progressive Muscular Dystrophy in a Male.

Dr. de Crespigny also showed a male patient who was the subject of progressive muscular dystrophy. The patient's symptoms had begun at the age of thirty-two years. His muscles were apparently well developed, but he had loss of power in the psoas and iliacus muscles, in the calf and in the sternal portion of the *pectoralis major*. Weakness in the shoulder-girdle and spinal muscles was also present. The "alderman" type of gait was very noticeable.

Sclerodermia.

Dr. de Crespigny also showed a female patient who was suffering from sclerodermia. The condition had begun with difficulty in moving the hands. One year previously definite sclerodactyly had been present and this had extended up to the elbow. The face had also been involved, while enlargement of the thyreoid gland and a secondary anæmia were present. Dr. de Crespigny referred shortly to other cases of sclerodermia which he had seen. In one patient the skin of the legs and face had been affected and the condition had also extended as far as the palate. In another patient the "ribbon" type of the disease was present and a strip of sclerodermia had been found extending down one arm. In another instance a similar strip had extended across the patient's abdomen. The condition was of slow development.

Landouzy's Disease.

DR. GUY LENDON showed a patient who was suffering from the facio-scapulo-humeral type of Landouzy's disease with subsequent leg involvement. The patient was a male, aged twenty-eight years. At eight years of age it had been found that the patient could use the bat while playing cricket, but had not been able to bowl; subsequently he had not been able to "field." Gradual loss of strength in the arms, legs and back had occurred until

the patient was twenty years old. At this age he had become unable to walk. Dr. Lendon pointed out that the patient manifested paralysis of the muscles of expression and this gave him a toad-like appearance. Practically all the muscles of the arm were affected, but the patient was still able to read and do typewriting for a living. The scapular muscles had disappeared and the trapezius had pulled the scapulæ on to the top of the shoulders giving them the appearance of an epaulette. The legs were completely immobile and the patient was unable even to turn in bed. His mentality and general health were normal. He had a brother two years younger than himself who was in an exactly similar condition. The patient had not had any muscular hypertrophy.

Amputation Through the Thigh.

Dr. L. O. Betts showed a child aged five years, whose lower limb had been amputated through the lower end of the thigh on account of a gun-shot wound which had severed the popliteal vessels and nerves. The child had been fitted with a pylon which had enabled him to walk or run easily nine weeks after the performance of amputation.

X-Radiation in Cardiac Conditions.

Dr. W. Ray read a paper entitled: "The Influence of X-Rays upon Painful Affections of the Heart."

Research.

THE MEDICAL RESEARCH COUNCIL.

The Committee of the Privy Council for Medical Research has issued the report of the Medical Research Council for the year ended on September 30, 1924. The Medical Research Council consists of the following: The Earl of Balfour, F.R.S. (Chairman), Lord Mildmay of Flete, The Right Honourable William Graham, Sir Frederick Andrewes, F.R.S., Professor E. P. Cathcart, F.R.S., Professor Georges Dreyer, F.R.S., Professor T. R. Elliott, F.R.S., Sir Archibald Garrod, F.R.S., Dr. Henry Head, F.R.S., Sir Cuthbert Wallace and Sir W. M. Fletcher, F.R.S. (Secretary).

The report is of interest because it marks the completion of the tenth year of the life of the Medical Research Council and of its predecessor the Medical Research Committee. It is now five years since the Medical Research Committee received its charter of incorporation and became the Medical Research Council, passing at the same time under the control of a ministerial committee of the Privy Council.

In the introductory report of the Committee of the Privy Council for Medical Research details are given of the monetary provision which was made for the work of the Medical Research Council for the year. A grant-in-aid of £140,000 was provided by Parliament. This included the cost of the work of the Industrial Fatigue Research Board. It also included grants formerly made to the Board of Control for research in mental disorders and grants to the General Board of Control for Scotland for pathological inquiries of a routine kind. The sum of £8,500 was applied for administrative purposes. The expenses of the National Institute for Medical Research at Hampstead and of the field laboratories associated with it were met by an appropriation of £48,500. The salaries of the scientific staff and of temporarily attached workers are included in this amount. The sum of £83,000 was provided for grants to scientific workers and for expenses of their researches. It will be evident at once that the activities of the Medical Research Council are not carried on under the most favourable conditions. The Council is dependent for its very existence on the will of Parliament and the exigencies of the budget may at any time lead to a reduction of the amount which is placed at its disposal. The Medical Research Council has been able to extend the scope of its work owing to the grants for particular pieces of work that have been made by the Carnegie Trust of the United Kingdom, the Dental Board of the United Kingdom, the Miners' Welfare Fund and the Health Committee of the League of Nations. The Ministry of Health has also helped by both men and money and many anonymous donations have been received from persons who have derived benefit from the scientific activities of the Council.

Work During the Last Five Years.

In looking back over the work of the past five years the Council states that the end of the war brought with it many problems in regard to research. During the war most of the men best fitted for scientific inquiry were given the opportunity of doing it and in the main a national system of medical research was formed that was welded into a coherent whole by arrangements between the different disbursing authorities. After the war men were demobilized and it was evident that many would have to return to unscientific work or to poorly paid teaching posts. It was likely that the pre-war state of things would return in which men fitted for research were allowed to pursue it as a private hobby, undisturbed if they had private means, but otherwise engaged in paid duties which conflicted with it. Parliament came to the rescue and made increased provision for the universities. The new aid was administered through the University Grants Committee. The Council points out that private beneficence has been stimulated, that research professorships have been founded by gifts and bequests to the Royal Society and that the lay authorities of many hospitals have been alive to their responsibilities and have acquired better support for their research departments. It has been the endeavour of the Council to establish an effective cooperation with the universities and with the medical schools attached to them. It is with this object in view that the Council spends upwards of £80,000 annually in grants to selected workers at the universities.

A brief review is given of the progress made in the various branches of medicine during the last five years as far as research is concerned. In regard to pathology and bacteriology a highly unsatisfactory state of affairs is discussed. It is pointed out that attention was drawn five years ago to the fact that the universities were not able to equip the departments of bacteriology and pathology in an adequate manner. To meet the expenses of these departments the economic value of bacteriology was exploited and the professors were allowed and even encouraged to do routine commercial work for public health departments and private medical practitioners. It was indicated that a man so engaged is greatly hindered in his research work and that, whatever his powers of organization, his initiative and originality are inevitably impaired. The same held true of the teaching hospitals and the schools attached to them. The result was that workers in England had not taken and were not taking the same share in the current progress of bacteriology and pathology as in other sciences. While British workers abroad had made many advances of primary importance in the study of many diseases, not one of the causal organisms of the common communicable diseases in Great Britain had been discovered in any of the university laboratories. Moreover, the work done had not been such as to arouse notice and interest in other countries. This had been due not to want of native talent, but to a failure in university ideals and organization. During the past five years very little improvement in this state of affairs has taken place. Surely no more serious indictment in regard to pathological research could be made. Happily at the two chief centres, Oxford and Cambridge, the schools of pathology have been freed from commercial work. At Oxford the Dunn Trustees have provided £100,000 for a new building and its equipment. At Cambridge the Rockefeller Foundation have given £133,000 for the same purpose and Mr. Ernest Gates has added £33,000 to this amount. The Research Council looks forward to a raising of the pathological sciences throughout the country as a result of the forward movement at the two senior universities.

In regard to experimental medicine and clinical medicine reference is made to the establishment of university clinics on the unit system in the teaching hospitals of London. The first unit was established in 1916 with Sir Thomas Lewis, F.R.S., and Professor T. R. Elliott, F.R.S., as members of the staff. On the basis of the experience

gained here and in other ways the Medical Research Committee in 1917 addressed to the Minister of Education at his request a memorandum on this subject. In this memorandum it was urged that the absence of the unit system at the chief centres of medical treatment and education checked advance not only by wasting the immediate opportunities of research, but also by yielding no proper supply of trained men fitted to make use of opportunities elsewhere. In 1919 the Government through the Board of Education and later through the University Grants Committee of the Treasury made grants for the setting up of university clinics on the unit system at certain selected hospitals in London. This step emphasized the fact that men fitted to take charge of such clinics were scarce and that the traditional hospital system was not such as would produce them. The Research Council has been able to give assistance to this scheme by research grants to assistants under this arrangement. The Medical Research Council is of the opinion that these university clinics have quite justified their foundation. Moreover, the Council holds that the clinics are an indispensable part of the national system of medical research.

Work Done During the Year 1923-1924.

The work done during the year 1923-1924 is reviewed in several sections. It will be possible to make reference to only a few of the more important matters included in the report.

"Insulin."

In regard to bio-chemistry and pharmacology work of importance has been carried out on "Insulin." Dr. H. W. Dudley with Mr. W. W. Starling published a paper on improvements in the methods of extracting "Insulin" from the raw material. The possibility was demonstrated of improving the yield and the purity of the final product by making the first extraction on the alkaline side of the isoteric point of "Insulin." A better method of recovering "Insulin" as a hydrochloride from its picrate was described and the differential solubilities of the picrate in water, alcohol and mixtures of the two were discussed. The solubility of "Insulin" picrate in mixtures of alcohol or acetone with water was used by Dr. Dudley as a basis for the preservation with picric acid of islet tissue found in certain common food fishes and the subsequent direct extraction of "Insulin" from them with wet acetone. Dr. E. C. Dodds and Dr. F. Dickens, of the Middlesex Hospital, independently observed these special solubility reactions of "Insulin" picrate and applied a similar process to the mammalian pancreas. They recorded some very high yields of "Insulin" as a result. The Council claims that the dissemination of this knowledge of the properties of "Insulin" and its salts gained in the laboratory has led to such improvements in large scale procedure as to enable the manufacturers to reduce the price of the remedy with a rapidity exceeding all expectations.

At the International Conference on Biological Standards which met in Edinburgh in July, 1923, the Standards Department of the National Institute for Medical Research accepted the duty of preparing a dry standard of "Insulin" with a view to redefinition of the Toronto unit in terms of weight. A large supply of "Insulin" was obtained through the generosity of institutions and firms in different countries. This "Insulin" was brought by the picrate process into a uniform physical condition as dry, non-hygroscopic "Insulin" hydrochloride. A preliminary sample has been submitted to the Toronto "Insulin" Committee with a view to agreement on the exact form in which the standard preparation shall be distributed. It is hoped that the definition of the Toronto unit in terms of the standard preparation will serve as a means of stabilizing its value and as a currency for its transmission to all countries.

Dr. J. H. Burn and Dr. H. H. Dale have shown experimentally by a process of elimination that the musculature of the body is chiefly concerned in the removal of sugar from the circulation under the influence of "Insulin" and that, provided the sugar supply is maintained, the process is accompanied by an increase of oxidative change. Since the latter, however, is inadequate to account for the combustion of all the sugar which disappears, the precise location of the rest and the form of its storage remain for further investigation.

Dr. J. H. Burn and Mr. H. P. Marks have made further investigations of the factors concerned in the wide variations of sensitiveness of "Insulin" shown by different animals of the same species. It has been found that these variations are closely related to activity of the thyreoid gland.

The demonstrated antagonism between the two hormones, "Insulin" and thyreoid hormone, has led to the trial of "Insulin" in the treatment of exophthalmic goître with promising results. This work is being carried out by Dr. R. D. Lawrence at King's College Hospital, London. It is interesting to note here that patent rights were acquired by the Council in regard to Dudley and Dale's method of purification "for its protection against exploitation during the stages before its publication." At the request of the University of Toronto these rights were extended to the United States of America and to Canada and the rights in these were offered to the University of Toronto.

Ultra-Violet Radiation.

Methods of standardization of ultra-violet light have been developed by Mr. T. A. Webster, Dr. A. Eidinow and Dr. Leonard Hill. A standard solution of acetone methylene blue is used in a standard quartz tube and the bleaching of this solution is measured against a set of standard tubes containing solutions of pure copper nitrate. The method has been standardized biologically by reference to the killing of infusoria in a standard quartz tube and to the production of moderate erythema of the white skin of the upper part of the arm. Readings taken in the open country and in London show that those in the latter instance are one third to one half of those in the former. By the use of this method the smoke pollution of the air in cities can be measured in a very simple way. Its value in medical practice will be that of a ready means of measuring the doses of ultra-violet rays given by lamps in artificial light treatment.

The Peripheral Circulation.

Sir Thomas Lewis and his co-workers have been engaged in investigating the peripheral circulation. Sir Thomas Lewis has concluded that capillary pulsation is in a large measure independent of high pulse pressure and that it is due essentially to widening of the arterioles of the skin or mucous membrane in which it occurs. It has been shown that capillary pulsation is normal in the warmed human skin, provided that the arterioles are present and capable of expanding sufficiently, as in young and healthy persons. Cotton, Slade and Lewis showed in 1915 that the capillaries of the skin are capable of active contraction. This has been confirmed in the National Institute by Dale, Laidlaw and Richards and subsequently by Krogh and his co-workers in Denmark. In a fresh investigation Sir Thomas Lewis has explored the contractile power of the minute vessels of the human skin and shown them to be capable of withstanding by contraction internal pressures up to seventy to ninety or more millimetres of mercury.

Sir Thomas Lewis had carried out some further work with Dr. R. T. Grant upon *urticaria factitia*, a type of rapid skin œdema following upon skin injuries. It has been concluded that œdema of the skin produced by mechanical, thermal and chemical stimuli is due essentially to changes in the capillary vessel walls and to their increased permeability. The reaction in the skin to such an injury is complex, but it is chiefly determined by the liberation of a chemical substance locally from the tissue cells. This substance leads to a local dilatation of the minute vessels, produced by the direct action of the poison, a local and increased permeability of these vessels, an independent action and a dilatation of the arterioles in this region and in the surrounding skin. This last result is shown to be dependent upon a local nerve reflex. It is pointed out that when as a result of blows or the application of heat or irritant substances a small amount of tissue poison is released, reddening of the skin occurs. When the action becomes more intense, œdema follows. It is held that these observations serve to link up small local injuries with more wide-spread damage. The chemical substance

which is shown to resemble histamine closely in its action and which is held to be responsible for the local phenomena described when liberated in relatively small quantities, would, when liberated in larger quantities and when passing into the general circulation, produce the general symptoms of shock. Since minute amounts of tissue poison are liberated in this way by injuries so mild that they are of almost daily occurrence in active people, it is suggested that the liberated substance is a chief factor in a normal mechanism of defence. Thus shock, according to this view, is provoked by an exaggeration of a normal physiological process.

Dr. A. N. Drury, Dr. F. Smith and Dr. J. J. Sumbal have investigated the nerve supply of the coronary vessels. Working on the heart of the tortoise, they have confirmed their results in each instance by the perfusion method and find that: (i.) Adrenalin has a remarkable power as a coronary vaso-constrictor; (ii.) the sympathetic nerve produces a constrictor effect and the vagus a dilator effect; (iii.) the coronary nerve contains vaso-dilator fibres to the vessels of the ventricle, the only peripheral effect so far ascribed to it; (iv.) the coronary vessels are constantly dilated by pituitary extracts, by acetyl-choline and by histamine. It is pointed out that the action of the pituitary is the more striking since it has the opposite effect on the arteries of the body generally.

Problems of Child Life.

Professor Louise McIlroy has made an investigation into the relative loss of heat and loss of weight in the new-born. It has been found that the loss of weight in the first three days of the neo-natal period is due in a large measure to exposure of the infant to cold and consequent loss of heat.

The Blood.

Mr. W. R. Spurrell and Mr. E. C. Warner have elaborated an apparatus in which the pressure of the oxygen or carbon dioxide in blood can be measured to within about four millimetres of mercury. Mr. H. B. Taylor has been making determinations of the inside and outside of the red blood corpuscle. Like most observers he finds that of the former to be higher. This research is claimed to prove that the carbon dioxide is not carried in the blood as a substance absorbed in hæmoglobin, but, as Zuntz and others had supposed, as part of a physico-chemical system involving bicarbonate present.

Dr. C. Price Jones has made a further study of the erythrocytes of pernicious anæmia and of the changes which occur in that disease. He has found that there is a definite correlation between the variability of red cells and their number and between the variability and the hæmoglobin percentage. The mean diameter of the red cells is independent of the degree of anæmia and remains large throughout the course of the disease.

Tuberculosis.

In regard to Dreyer's new form of antigen, known as diaplyte vaccine, the Council refers to its previous determination to arrange for a series of extended clinical trials. This has been done. Reports were sent in when the work had been going on for a year. The general impressions gained from the use of the vaccine are summarized as follows: (i.) Diaplyte vaccine in the dosage and by the methods used has no definite influence in checking the progress of the disease in active pulmonary tuberculosis. (ii.) Generally speaking, its use is contra-indicated in acute febrile cases. (iii.) It is of some value as an adjunct to conservative treatment in tuberculosis of the lymphatic glands. (iv.) In ambulant, non-reactive cases of pulmonary tuberculosis it appears to encourage the formation of fibrous tissue. It may be a useful adjunct to sanatorium treatment. The patients treated should be those in whom complete control of auto-inoculation has been secured and in whom there exists evidence of beginning fibrosis. Some clinicians by careful regulation of the doses have found the vaccine a useful weapon, but on the whole most of the observers have concluded that it is of no value in the treatment of tuberculosis and find its results discouraging and disappointing. The Council concludes that the diaplyte vaccine is a potent antigen whose qualities are not yet fully understood.

Mr. G. W. Dunkin has found that by the use of "diaplyte" vaccine made from tubercle bacilli it has been found easy to produce hyper-immunization in a horse which yields a serum giving precipitin reactions far more intense than those gained by other methods. It is claimed that this serum, supplied to Professor Dreyer, has enabled him to standardize different forms of tuberculin, as used in current medical and veterinary practice, by direct means and to far greater accuracy than has been possible hitherto.

Industrial Medicine and Industrial Fatigue.

Reference is made to a publication by Dr. H. M. Carleton in regard to dust inhalation and pulmonary diseases. Carleton offered evidence to show a degree of acclimatization to certain kinds of dust which can be induced if the dust is at first inhaled in small concentrations and that, as has been previously indicated by Mavrogordato, the effects of a harmful dust can be prevented to some extent by mixing it with a harmless dust. Evidence is also given that the phagocytic dust cells are commonly derived from the alveolar epithelium of the lung.

Work on spirochætal jaundice due to infection with *Leptospira ictero-hæmorrhagica* has been carried out by Dr. G. Buchanan. He found the organisms in human beings affected by the disease, in rats from the pits and in roof drippings. The organism has been successfully cultivated; specimens from these different sources have been shown to be identical. So far the mode of infection has not been determined.

Research into industrial health matters has been carried out in an extensive manner. The Industrial Fatigue Research Board has numerous committees investigating different aspects of the problems involved. Thus, there is a committee on health statistics, one dealing with the physiology of muscular work, one dealing with industrial psychology and one whose activities are devoted to the legibility of different founts of type. Reference is made to many reports which have been issued and which are about to be issued, but only scant detail is supplied in regard to them.

In the conclusion of the report appreciative reference is made to the work of the late William Bayliss, more especially in connexion with the activities of the Medical Research Council.

University Intelligence.

THE UNIVERSITY OF SYDNEY.

A MEETING representative of professional and scientific bodies was held at University Chambers, Phillip Street, Sydney, on March 23, 1925, for the purpose of discussing the question of the establishment of a suitable memorial to the late John Irvine Hunter.

PROFESSOR A. E. MILLS, Dean of the Faculty of Medicine of the University of Sydney, who occupied the chair, said that the meeting had been called for the purpose of preliminary discussion in regard to the memorial and for the election of an executive committee. He had received a letter from Professor Grafton Elliot Smith in which the latter stated that he desired the cooperation of any committee formed in Australia to establish a memorial. Professor Elliot Smith had undertaken to prepare a volume embodying Hunter's research work and his contribution to medical science. The book would also include a biography. It was hoped that a research fund would be established.

It was decided on the motion of DR. KEITH INGLIS, seconded by DR. H. R. G. POATE:

> That the meeting is in full accord with the home committee in the publication of a memorial volume and the establishment of a research fund.

After some discussion it was decided on the motion of PROFESSOR H. G. CHAPMAN, seconded by DR. H. R. G. POATE:

That this meeting is of opinion that a memorial fund to the late Professor Hunter be opened.

Some informal discussion took place as to what form the memorial should take. It was intended to elect a sub-committee which would consider the question from all sides and which would make a recommendation to the subscribers. Among the suggestions made were the following: The establishment of a fund for research in neurological subjects or in the medical sciences, the foundation of bursaries for the assistance of necessitous students, the placing of a bust of Hunter in the Medical School, the establishment of an annual oration, the formation of a memorial library.

It was agreed that those present should form an executive committee with power to add to their number. Several prominent names were added on the suggestion of the chairman. A sub-committee consisting of the following was elected: Professor A. E. Mills, S. H. Smith, Esq., Director of Education, Dr. Norman D. Royle, Professor H. G. Chapman, Acting-Professor J. A. Maguire, D.S.O., Dr. H. R. G. Poate, Dr. Keith Inglis, Dr. R. H. Todd, W A. Selle, Esq., Warden of the University of Sydney.

Dr. Constance D'Arcy and Dr. B. A. Noble were elected Honorary Treasurers and Acting-Professor F. A. Maguire, D.S.O., and Professor A. N. Burkitt, Honorary Secretaries of the movement.

Medical Appointments.

Dr. Robert James Basil Yule and Dr. John Edward Nihill (B.M.A.) have been appointed Members of the Dental Board of Victoria.

* * * *

Dr. Peter Lalor has been appointed Acting Medical Superintendent of the Hospital for the Insane at Sunbury, Victoria.

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Dr. T. L. Anderson (B.M.A.) has been appointed a Member of the Board of Management of the Perth Hospital.

Books Received.

HANDBOOK OF OPERATIVE SURGERY, by Sir William Ireland de C. Wheeler (Mod.), B.A., M.D. (Dub. Univ.), F.R.C.S.I., F.A.C.S. (Hon.); Fourth Edition; 1925. London: Baillière, Tindall and Cox. Post 8vo., pp. xvi. + 441. Price: 15s. net.

LEPROSY, by Sir Leonard Rogers, C.I.E., M.D., F.R.C.P., F.R.C.S., F.R.S., I.M.S., and Ernest Muir, M.D., F.R.C.S. (Edin.); 1925. Bristol: John Wright & Sons, Limited; Demy 8vo., pp. xii. + 301 Price: 10s. 6d. net.

LUMBAR PUNCTURE, by Martin Pappenheim, M.D., translated by George Caffrey. 1925. London: John Bale, Sons and Danielsson, Ltd. Demy 8vo., pp. viii + 248. Price 15s. net.

OPERATIVE SURGERY, by J. Shelton Horsley, M.D., F.A.C.S. Second Edition; 1924. St. Louis: The C. V. Mosby Company. Crown 8vo., pp. 784, with 666 original illustrations. Price: $12.50.

THE ACTION AND USES IN MEDICINE OF DIGITALIS AND ITS ALLIES, by Arthur R. Cushny, M.A., M.D., LL.D., F.R.S.; 1925. London: Longmans, Green & Company. Royal 8vo., pp. xi. + 303. Price: 18s. net.

TUBERCULOSIS: ITS PREVENTION AND TREATMENT, by John Laird, L.R.C.S., L.R.C.P. (Ireland); Second Edition; 1925. Bristol: John Wright & Sons Limited. Crown 8vo., pp. 130. Price: 5s. 6d. net.

Medical Appointments Vacant, etc.

FOR announcements of medical appointments vacant, assistants, *locum tenentes* sought, etc., see "Advertiser," page xvi..

ST. GEORGE DISTRICT HOSPITAL, KOGARAH, SYDNEY: (*a*) Senior Resident Medical Officer, (*b*) Junior Resident Medical Officer.

Medical Appointments: Important Notice.

MEDICAL practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429, Strand, London, W.C..

BRANCH.	APPOINTMENTS.
NEW SOUTH WALES: Honorary Secretary, 30 - 34, Elizabeth Street, Sydney.	Australian Natives' Association. Ashfield and District Friendly Societies' Dispensary. Balmain United Friendly Societies' Dispensary. Friendly Society Lodges at Casino. Leichhardt and Petersham Dispensary. Manchester Unity Oddfellows' Medical Institute, Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. North Sydney United Friendly Societies. People's Prudential Benefit Society. Phœnix Mutual Provident Society.
VICTORIAN: Honorary Secretary, Medical Society Hall, East Melbourne.	All Institutes or Medical Dispensaries. Australian Prudential Association Proprietary, Limited Mutual National Provident Club. National Provident Association.
QUEENSLAND: Honorary Secretary, B.M.A. Building, Adelaide Street, Brisbane.	Brisbane United Friendly Society Institute. Stannary Hills Hospital.
SOUTH AUSTRALIAN: Honorary Secretary, 12, North Terrace, Adelaide.	Contract Practice Appointments at Renmark. Contract Practice Appointments in South Australia.
WESTERN AUSTRALIAN: Honorary Secretary, Saint George's Terrace, Perth.	All Contract Practice Appointments in Western Australia.
NEW ZEALAND (WELLINGTON DIVISION): Honorary Secretary, Wellington.	Friendly Society Lodges, Wellington, New Zealand.

Diary for the Month.

APR. 7.—Tasmanian Branch, B.M.A.: Council.
APR. 9.—New South Wales Branch, B.M.A.: Clinical Meeting.
APR. 14.—New South Wales Branch, B.M.A.: Ethics Committee.
APR. 14.—Tasmanian Branch, B.MA.: Branch.
APR. 16.—Section of Neurology and Psychiatry, New South Wales Branch, B.M.A.
APR. 21.—New South Wales Branch, B.M.A.: Executive and Finance Committee.
APR. 21.—Section of Oto-Rhino-Laryngology, New South Wales Branch, B.M.A..
APR. 21.—Tasmanian Branch, B.M.A.: Council.
APR. 22.—Victorian Branch, B.M.A.: Council.
APR. 24.—Queensland Branch, B.M.A.: Council.
APR. 24.—Eastern Suburbs Medical Association, New South Wales.
APR. 28.—New South Wales Branch, B.M.A.: Medical Politics Committee; Organization and Science Committee.
APR. 30.—New South Wales Branch, B.M.A.: Branch.
MAY 1.—Queensland Branch, B.M.A.: Branch.
MAY 5.—Tasmanian Branch, B.M.A.: Council.
MAY 6.—Victorian Branch, B.M.A.: Branch.
MAY 8.—Queensland Branch, B.M.A.: Council.
MAY 12.—New South Wales Branch, B.M.A.: Ethics Committee.
MAY 12.—Tasmanian Branch, B.M.A.: Branch.
MAY 14.—New South Wales Branch, B.M.A.: Clinical Meeting.

Editorial Notices.

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